

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 10 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P02000064507
1. Corporation Name
GREEN SCENE, INC

REINSTATEMENT 03

2. Principal Office Address 15396 SAN DIEGO RD Suite, Apt. #, etc.		3. Mailing Office Address 15396 SAN DIEGO RD Suite, Apt. #, etc.	
City & State <i>Loxahatchee</i> LOXAHATCHEE, FL		City & State <i>Loxahatchee</i> LOXAHATCHEE, FL	
Zip 33470	Country PALM BEACH	Zip 33470	Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida 06/11/2002	
5. FEI Number 01-0715802	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
DENNIS M TROW

Street Address (P.O. Box Number is Not Acceptable)
15396 SAN DIEGO RD

Suite, Apt. #, Etc.

City
LOXAHATCHEE

State
FL

Zip Code
33470

500023712715
10/10/03 01876 891 *150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date **10-7-03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DENNIS M TROW	15396 SAN DIEGO RD	LOXAHATCHEE, FL 33470

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ DENNIS M TROW Date **10-7-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/10/13

C.R. COOPER, CPA, PA
5350 10TH. Ave. North, Suite 8
Lake Worth, Florida 33463

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

October 7, 2003

Division of Corporations
~~Uniform Business Report Filings~~
P. O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Green Scene, Inc.
FEIN: 01-0715802
Tax Form: UBR
Tax Period: 2003
Document #: P02000064507

To Whom It May Concern:

We have enclosed check #1668 in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Trow did not receive the original UBR, and did not intentionally avoid the filing fee.

Green Scene is a newly formed corporation and not totally familiar the UBR

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc