

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 12 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085785

**1. Corporation Name**

GREEN DOT DESIGN, INC.

**2. Principal Office Address**

3927 ORCHARD HILL CIR

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34684

Country

USA

**3. Mailing Office Address**

3927 ORCHARD HILL CIR

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34684

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/07/2002

**5. FEI Number**

52-2373985

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ARSENIUSZ BRZOSTEK

Street Address (P.O. Box Number is Not Acceptable)

3927 ORCHARD HILL CIR

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34684

**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

REGISTERED AGENT MUST SIGN

Date

11/3/03

**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
D	BRZOSTEK, ARSENIUSZ P	3927 ORCHARD HILL CIR	PALM HARBOR, FL 34684

**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)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/03

Daytime Phone #

727-784-2120

CR2E081 (10/02)

Arseniusz Brzostek  
3927 Orchard Hill Cir  
Palm Harbor, FL 34684

Document # P02000085785

November 3, 2003

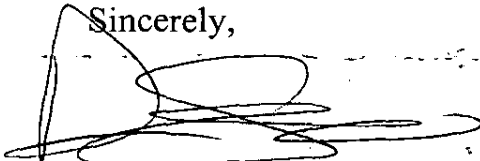
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE:** Enclosed *Certificate of Administrative Dissolution* and *Application for Reinstatement*

This letter is written in response to the attached Certificate of Administrative Dissolution. We request that the Department of State consider reinstating Green Dot Design, Inc. and waiving the reinstatement fee because we previously have never received any notices to file.

I pray that the state will allow us to continue as Green Dot Design, Inc. due to the fact that our failure to file reports *was not intentional*. I have included a check for \$150 to pay the annual fees for 2003 and the *Application for Reinstatement*.

Sincerely,

A handwritten signature in black ink, appearing to be 'Arseniusz Brzostek', with a large, stylized flourish underneath.

Arseniusz Brzostek,  
President