

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 29 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000088656

1. Corporation Name

Green Acres Investments, Inc

2. Principal Office Address - No P.O. Box #

12855-83 ST.

3. Mailing Office Address

12855 83 ST.

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

Fellsmere FL

City & State

Fellsmere FL

Zip

32948

Country

USA

Zip

32948

Country

USA

MAY 31 2012

C. MUSTAIN (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/02

5. FEI Number

56-2288647

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

Jerald E Smith SR

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

12855 83 ST.

Suite, Apt. #, Etc.

City

Fellsmere

State

FL

Zip Code

32948

REINSTATEMENT

10-12

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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

Jerald E. Smith SR.

REGISTERED AGENT MUST SIGN

Date

5/22/12

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
DPT	Jerald E. Smith SR	12855-83 Street Fellsmere FL 32948	
DVPS	Laura Schuler Smith	12855-83 Street	Fellsmere FL 32948

10. E-mail Address: Lsmith@jerry-smith-tile.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE

Laura Schuler Smith Laura Schuler Smith 5/22/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-5896818