


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000059867		
1. Entity Name CLEAN GREEN, INC.		

Principal Place of Business 809 NW 19TH AVE. GAINESVILLE, FL 32609	Mailing Address 809 NW 19TH AVE. GAINESVILLE, FL 32609
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2. Principal Place of Business 4645 NW 6th St Suite, Apt. #, etc. F	3. Mailing Address Suite, Apt. #, etc.
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City & State Gainesville Fla 3	City & State
Zip 32609	Country Alachua
Zip 32609	Country

6. Name and Address of Current Registered Agent WILLIAMS, WARREN H 809 NW 19TH AVE. GAINESVILLE, FL 32609	
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WARREN H 809 NW 19TH AVE. GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	05-2-05 352 484 7694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED

05 MAY -2 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022005 REIN-P CR2E098 (6/04) 05

4. FEI Number 50-0006224 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required