


PLEASE READ ALL INSTRUCTIONS BEFORE COMI

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000105926			
1. Corporation Name GREENSTONE GP, INC.			
2. Principal Office Address 2200 SOUTH OCEAN LANE Suite, Apt. #, etc. 1805 City & State FT. LAUDERDALE, FL Zip 33316 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 9/26/03		5. FEI Number 90-0159690 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 NEAL W. KNIGHT, JR.	
Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCIANA PLAZA, SOUTH	
Suite, Apt. #, Etc.	
City PALM BEACH	State FL Zip Code 33480

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

Neal W. Knight, Jr.

REGISTERED AGENT MUST SIGN

Date

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	JOHN V. KUNIGENAS	2200 S. OCEAN LANE #1805	FT. LAUDERDALE, FL 33316
			400057902474 07/26/05--01019--021 **750.00
			400057902474 07/26/05--01019--022 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E081 (01/05)