


2008

FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000128087	
1. Entity Name Gree Natural Products, Co.P.	

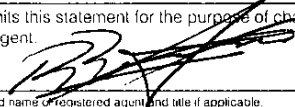
Principal Place of Business	Mailing Address
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2. Principal Place of Business 19225 SW 236 St Suite, Apt. #, etc.	3. Mailing Address 5005 Palm Tre Suite, Apt. #, etc.
City & State Miami FL	City & State Hialeah FL
Zip 33031	Zip 33012
Country us	Country us



4. FEI Number 20-0370795	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent Ramon Reyes Street Address (P.O. Box Number is Not Acceptable) 6080 W 6 Ave City Hialeah FL Zip Code 33012	

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.

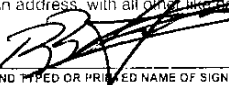
SIGNATURE:  DATE: 1/2/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
PS Ramon Reyes 6080 W 6 Ave Hialeah FL 33012		000115398300 01/17/08--01034--002 **750.00	
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
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 exemptions contained in Chapter 119, 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 powers.

SIGNATURE:  DATE: 1/2/08 (3) 822-0669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/15

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GREEN NATURAL PRODUCTS, CORP.
5035 PALM AVE
HIALEAH, FL 33012

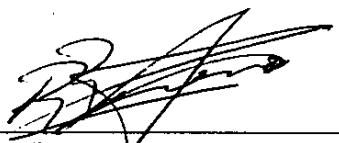
January 4, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company Green Natural Products, Corp. with Document # P03000128087. Along with this letter you will find a check in the amount of \$750.00 and my Uniform Business Report for the years of 2004 - 2008.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,



Ramon Reyes