

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 29 PM 2:20

**DOCUMENT # P03000142654**

1. Corporation Name

The Green Living Company, Inc.

**REINSTATEMENT** 2011

900215644159  
12/29/11--01030--003 \*\*750.00

CR2E081 (11/10)

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

1947 Matthew Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

1947 Matthew Ct.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33813

Country

USA

Zip

33813

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/2003

5. FEI Number

200458072

☐ 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

Kathryn Smith

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

1947 Matthew Ct.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

*Kathryn Smith*

Date 12/28/2011

REGISTERED AGENT MUST SIGN

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
PST	Kathryn Smith	1947 Matthew Ct.	Lakeland, Fl. 33813
			<i>12/29</i>

10. E-mail Address: plairesmith@verizon.net

(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: *Kathryn Smith* / KATHRYN Smith

12/28/2011 863-647-1251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #