

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104195 1. Entity Name GREEN LAND MAINTENANCE, INC.						FILED 07 MAY 22 PM 3:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 203 GATEWAY BLVD. BOYNTON BEACH, FL 33435				Mailing Address 203 GATEWAY BLVD. BOYNTON BEACH, FL 33435			
2. Principal Place of Business - No P.O. Box # 824 N. Dixie Hwy Suite, Apt. #, etc.				3. Mailing Address 824 N. Dixie Hwy Suite, Apt. #, etc.			
City & State Lake Worth, FL Zip 33460				City & State Lake Worth, FL Zip 33460			
Country USA				Country USA			
4. FEI Number 20-1370704				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 FRANCISCO, JAVIER 203 GATEWAY BLVD. BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P NAME FRANCISCO, JAVIER STREET ADDRESS 203 GATEWAY BLVD. CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete			TITLE 200103032638 NAME 05/22/07--01051--006 STREET ADDRESS **300.00 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 empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				05/17/07 (561) 540-4448 <small>Date Daytime Phone #</small>			