2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000117865

1. Entity Name
GREEN DOCTOR GARDENING, INC.

FILED
08 JAN 28 PM 12: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6053 SEMINOLE GARDEN CIRCLE PALM BEACH GARDENS, FL 33418	6053 SEMINOLE GARDEN CIRCLE PALM BEACH GARDENS, FL 33418

REINSTATEMENT 01112008 02-08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
280 NW Biltmore St	280 NW Biltmore St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie, FL	City & State: Port St Lucie, FL
Zip: 34983 Country: USA	Zip: 34983 Country: USA

4. FEI Number 20-4455037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SALAS, RODOLFO P 6053 SEMINOLE GARDEN CIRCLE PALM BEACH GARDENS, FL 33418	Name: Street Address (P.O. Box Number is Not Acceptable) 280 NW Biltmore St City Port St Lucie FL Zip Code 34983

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SALAS, RODOLFO P 6053 SEMINOLE GARDEN CIRCLE PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	280 NW Biltmore St Port St Lucie, FL 34983 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000116247070 01/28/08--01043--008 **300.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1/29 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #