

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 15 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02082007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P05000077518</b> 1. Entity Name <b>RL GREENE SERVICES, INC.</b>					
Principal Place of Business <b>4269 BOY SCOUT CAMP ROAD NEW SMYRNA BEACH, FL 32168</b>			Mailing Address <b>4269 BOY SCOUT CAMP ROAD NEW SMYRNA BEACH, FL 32168</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2906500</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREENE, RONNIE L 4269 BOY SCOUT CAMP ROAD NEW SMYRNA BEACH, FL 32168</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>GREENE, RONNIE L 4269 BOY SCOUT CAMP ROAD NEW SMYRNA BEACH, FL 32168</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>			Date <b>3-8-07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

REINSTATEMENT 06-02

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