
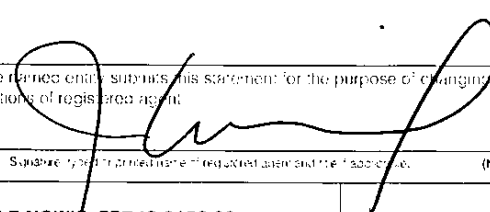
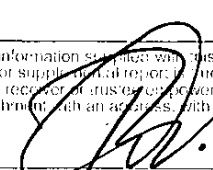


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 DEC 26 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000162754					
1. Entity Name GREEN PARADISE WHOLESALE & NURSERIES, INC.					
Principal Place of Business 21055 SW 236 STREET HOMESTEAD, FL 33031			Mailing Address 21055 SW 236 STREET HOMESTEAD, FL 33031		
2. Principal Place of Business - For P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4038470	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VILA, RICHARDE 21055 SW 236 STREET HOMESTEAD, FL 33031			Name S. P. O. Box <i>Accounting Solutions of Homestead</i> <i>1005 N. K...</i> Home, Suite 124 Homestead, FL 33030 City FL Zip Code		
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 				12/18/07	
FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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 IF 11		
TITLE P	NAME VILA, EDGAR F		<input type="checkbox"/> Change <input type="checkbox"/> Add 800113407448 12/26/07--01053--015 **158.75		
STREET ADDRESS CITY-STATE-ZIP	21055 SW 236 STREET HOMESTEAD, FL 33031				
TITLE VP	NAME VILA, RICHARD E		<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS CITY-STATE-ZIP	21055 SW 236 STREET HOMESTEAD, FL 33031				
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS CITY-STATE-ZIP					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS CITY-STATE-ZIP					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS CITY-STATE-ZIP					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS CITY-STATE-ZIP					
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, trustee or other 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 affidavit, with or other like empowered.					
SIGNATURE: 				12/18/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT 07

12/21/07