

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -2 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000140819

1. Corporation Name

Green Acres Unlimited, Inc.

REINSTATEMENT 08-10

800182866198
07/02/10--01006--007 **1058.75

CR2E081 (6/10)

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

130 Massachusetts Ave

3. Mailing Office Address

P.O. Box 36326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32505

Country

Escambia

Zip

32516

Country

Escambia

4. Date Incorporated or Qualified

To Do Business in Florida **11/05/2006**

5. FEI Number

205853083

☐ 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

Everett H. Kline, Jr.

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

130 Massachusetts Ave

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

****FILING CANCELLED
****RETURNED CHECK

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

Date **02 July 2010**

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
Pres	Everett H. Kline, Jr.	130 MASSACHUSETTS AVE	PENSACOLA FL 32505

10. E-mail Address: **greenacresunlimit@att.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 July 2010 850 529 6969

Date

Daytime Phone #