2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000037664 1. Entity Name GREEN HEAD BUILDERS INC. Principal Place of Business Mailing Address 640 N. E CAPITAL CIRCLE 640 N. E CAPITAL CIRCLE TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For - 0644 392 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKLEY, BRIAN Street Address (P.O. Box Number is Not Acceptable) **1757 LOTT RD** MONTICELLO, FL 32344 City Zip Code FL 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. 10/27/08 SIGNATURE Signature, typed or printed name of regist (NOTE: Registered Agent sig FILE NOWIII FEE IS \$750.00 or January 1, 2009, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change IIILE D □ Detete TITLE ☐ Addition 700137359187 10/28/08--01015--021 **750.00 MARKLEY, BRIAN NAME NAME STREET ADDRESS **1757 LOTT RD** STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-SI-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition ME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TIFLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 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. 850 544-3400 SIGNATURE: OFFICER OR DIRECTOR Daytime Phone