

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAR 21 AM 8:17

DOCUMENT # P12000060092

1. Corporation Name

GREEN HOOK SUPPLIES, CORP

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

3434 NE. 13TH. AV.

Suite, Apt. #, etc.

3. Mailing Office Address

3434 NE. 13TH. AV.

Suite, Apt. #, etc.

City & State

OAKLAND PARK

City & State

OAKLAND PARK

Zip

33334

Country

USA

Zip

33334

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2012

5. FET Number

46-0544757

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

ALFREDO E. LOVERA-AQUIQUE

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

3434 NE. 13TH. AV.

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33334

800297059048
03/22/17--01021--014 **400.00

800297059048
03/22/17--01021--013 **500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **03/21/2017**

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
P	ALFREDO E. LOVERA-AQUIQUE	3434 NE. 13TH. AV.	OAKLAND PARK FL 33334

10. E-mail Address: **alovera@greenhooksupplies.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2017

305 766-0030

Date

Daytime Phone #