

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 OCT -2 PM 2:31

TALLAHASSEE, FLORIDA

DOCUMENT # P13000054033

1. Corporation Name

Green Earth Technologies
International, Inc.

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

200 S. Biscayne Blvd.

3. Mailing Office Address

312 Schillinger Rd.

Suite, Apt. #, etc

Suite 2790

Suite, Apt. #, etc

#199

City & State

Miami, FL

City & State

Mobile, AL

Zip

33131

Country

USA

Zip

36575

Country

USA

100304104181

10/02/17--01004--016 **1058.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/13

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRE

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dymax International Services, Inc

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

50 SW 13th Street

Suite, Apt. #, Etc

Suite 802

City

Miami

State

FL

Zip Code

33130

Wants Certified copy

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

REGISTERED AGENT MUST SIGN

Date 10-2-17

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
<u>P</u>	<u>Douglas W. Mallonee</u>	<u>200 S. Biscayne Blvd</u> <u>Miami, FL</u>	<u>Miami, FL 33131</u>
<u>S</u>	<u>Douglas W. Mallonee</u>	<u>200 S. Biscayne Blvd</u>	<u>Miami, FL 33131</u>
<u>D</u>	<u>Douglas W. Mallonee</u>	<u>200 S. Biscayne Blvd</u>	<u>Miami, FL 33131</u>

10. E-mail Address:

dmallonee@aol.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 817.155, F.S.

SIGNATURE:

Douglas W. Mallonee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-2-17

Daytime Phone #

251-591-8566