PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P19703 DOCUMENT #

1. Corporation Name

GREEN RIVER, INC.

00 OCT 12 PM 1:25

TILED

CHETARY OF STATE AVISION OF CORPORATIONS

| | , | | | | | | | | | |
|---|--|--|---|---------------------------------|--|---|--|--|------------------|--|
| Principal Place of Business M | | Mailing Addre | Mailing Address | | | | | | | |
| 5101 N.W. 21ST AVENUE. #141 | | | 5101 N.W. 21ST AVENUE. #141 | | | | | | | |
| FORT LAUDERDALE FL 33308 FORT LAU | | FORT LAUDE | DERDALE FL 33308 | | | 1 (404)0601 (| ol 11819 14111 14811 abi los 1111 bio | il Olbik B B B & B | IBRI BRIDIK HABI | |
| | | 4 | | | | PO FF 0.5 | USTATEN | ENT | 000 | |
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address. If Applicable 3. New Mailir | | | ng Office Address, If Applicable | | | 4. Date incorporated or Qualified | | | | |
| Suite Apt. # etc. | | | 1-NW 53-COUNT | | | To Do Business in Florida 06/20/1988 | | | | |
| City & State | | City & State | FORT LAVDENDALE City & State | | | 5. FEI Number Applied For S2-1476685 Not Applicable | | | | |
| FLONDE | | FLO | FLOMOR | | | 6. \$8.75 Additional Fee required | | | | |
| Zip 333 | 09 Browand | D 2º3338 | 29 | Bro | WARD | CERTIFICATE | OF STATUS DESIRED | for a Certifica | | |
| 7. Names a | and Street Addresses of Each Officer | | rida nonpro | | | | T | | | |
| Title(s) | Name of Officers and/or Directors 2 | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | | |
| . P | CORAL, CESAR | 5101 N.W. 21ST AVE. #141 | | | | FORT LAUDERDALE FL 33308 | | | | |
| | | | | | | | | · | | |
| | | . | | | | | | | | |
| | | | | | | 10 | 100034344217 -10/23/0001016001 ****750.00 ****750.00 | | | |
| <u> </u> | | | | • | | | ************************************* |) | | |
| ************************************** | | | | | | | 100 | 112 | | |
| | | | | | | | lp. | 77 | | |
| 8. Name and Address of Current Registered Agent Name | | | | | | Name and Address of New Registered Agent | | | | |
| CODAL OFFIAR | | | | | | | | | <u></u> | |
| CORAL, CESAR 5101 N.W. 21ST AVENUE #141 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| FORT LAUDERDALE FL 33308 | | | | | Suite, Apt. #, Etc. | | | | | |
| -ڥ | | | | | City | State Zip Code | | | | |
| 10. I, being | appointed the registered agent of the | e above named corpo | oration, arg | familiar with a | and accept the ob | oligations of Sect | on 607.0505, F.S. | | | |
| Signature of Registered | | ريد - دي | (To) | | Date 10/11/00 | | | | | |
| . togiotered | | REGISTERED AG | ENT MUST | T SIGN | | | | | | |
| this rein owed by | that I am an officer or director or the statement application, the reason for y the corporation have been paid and application is true and accurate, and I | dissolution has been the names of individ | eliminated luals listed | I, the corporation this form of | e name satisfies to not qualify for | the requirements an exemption un | of section 607.0401 or 6 | 17.0401, F.S., th | at all fees | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/00