

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 17 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 25129

1. Corporation Name

THE GREEN LAND DEVELOPMENT COMPANY
OF PENNSYLVANIA

2. Principal Office Address - No P.O. Box #
4434 GEARHART ROAD

3. Mailing Office Address
4434 GEARHART ROAD

Suite, Apt. #, etc.
2704

Suite, Apt. #, etc.
2704

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip Country
32303 USA

Zip Country
32303 USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/13/1991

5. FEI Number 25-1597646 ☐ 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
JAMES A GREEN

Street Address (P.O. Box Number is Not Acceptable)
4434 GEARHART RD

Suite, Apt. #, Etc.
2704

City
TALLAHASSEE

State Zip Code
FL 32303

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 JAMES A GREEN
REGISTERED AGENT MUST SIGN

Date 12/17/08

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 DIR	JAMES A GREEN	4434 GEARHART RD UNIT 2704	TALLAHASSEE, FL 32303
SEC DIR	NANCY A GREEN	4434 GEARHART RD UNIT 2704	TALLAHASSEE, FL 32303
DIR	JAMES A GREEN JR	PO BOX 81	FORESTVILLE, PA 16035

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10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: JAMES A GREEN, PRES. 12/17/08 229-872-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #