



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000037140 1. Entity Name GREEN AKERS OF PASCO, INC.						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px; font-weight: bold;">06 DEC -5 AM 7:59</div> <div style="font-size: 12px; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 9931 OLD LAKELAND HIGHWAY DADE CITY, FL 33526-1641				Mailing Address 9931 OLD LAKELAND HIGHWAY DADE CITY, FL 33526-1641			
2. Principal Place of Business 9931 Old Lakeland Highway Suite, Apt. #, etc.		3. Mailing Address 9931 Old Lakeland Highway Suite, Apt. #, etc.		 <div style="font-size: 24px; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div>			
City & State Dade City, Florida		City & State Dade City, Florida					
Zip 33525		Country Pasco		4. FEI Number 59-3189364		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GREEN, ROY L 9931 OLD LAKELAND HIGHWAY DADE CITY, FL 33525-1641				7. Name and Address of New Registered Agent Name JACQUELINE WORTHY Street Address (P.O. Box Number is Not Acceptable) 10041 Newsome Road Dade City City <div style="display: flex; justify-content: space-between;"> FL Zip Code 33525 </div>			
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.							
SIGNATURE <i>Jacqueline Worthy</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11-28-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GREEN, ROY L. <input type="checkbox"/> Delete 9931 OLD LAKELAND HWY. DADE CITY, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACQUELINE WORTHY 9931 Old Lakeland Highway Dade City, Florida 33525		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500082286995 12/05/06--01023--017 **750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE: <i>Jacqueline Worthy</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 11-28-06 (813) 714-1034 <small>Daytime Phone #</small>			