

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -8 PM 6:12

DOCUMENT # **P93000054875**

1. Corporation Name

GREEN FOREST, INC.

Principal Place of Business

Mailing Address

~~1211 E JACKSON ST~~
~~ORLANDO FL 32801~~
US

~~1201 E JACKSON ST~~
~~ORLANDO FL 32801~~
US



REINSTATEMENT

00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

432 WORTHINGTON DR.

Suite, Apt. #, etc.

City & State
WINTER PARK, FL

Zip **32789** Country **USA**

3. New Mailing Office Address, If Applicable

432 WORTHINGTON DR.

Suite, Apt. #, etc.

City & State
WINTER PARK, FL

Zip **32789** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1993

5. FEI Number

59-3192883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	PANDOLFI, FLAVIO	7716 HIGH PINE ROAD 432 WORTHINGTON DR.	ORLANDO FL 32810 WINTER PARK, FL 32789
VSD	PANDOLFI, MALDEY	7716 HIGH PINE ROAD 432 WORTHINGTON DR.	ORLANDO FL 32810 WINTER PARK, FL 32789
			9000003481133-9
			-11/30/00-01040-021
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

PANDOLFI, FLAVIO J.
~~1201 E JACKSON ST~~
~~ORLANDO FL 32801~~

9. Name and Address of New Registered Agent

Name

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

432 WORTHINGTON DR.

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/00

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., 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 under section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00
Date

(407) 353-1960
Daytime Phone #

AD