PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		FILE	AM 7: 58	
DOCUMENT # 1 P93 0000 58571				GELDELFANT OF STATE TÄLLAHASSEE, FLERIDA		
Terra Verde LTD., INc. 4720 Brook Dr. WH = 53500					a	
2. Principal Office Address 1650 North Millita	3. Mailing	3. Mailing Office Address		CR2E081 (12/05)		
Suite, Ant. #, etc. #404	Suite, Apt.	Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida		
West Palm Bea	ach, FL	City & State		440507	Applied For	
33409 Country Unite	ed States	Country	6.	\$8.75 Ad	ditional Fee required ertificate of Status	
7. Name and Address of Current Registered Agent						
'Stephen M. Green					24	
4720 Brook Drive				The same of the sa	*1090.00	
Suite, Apt. #, Etc.				000834838	71	
West Palm Beach			3.565	1/0801029016 State 33417	**158.75	
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 Must Sign				Date 13/6/04		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
	Name of and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip		
Stephen M. Green		4720 Brook Drive		West Palm Beach,	FL 33417	
1	-	-		-		
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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 filling this reinstalement 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						