

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024041(2)

1. Corporation Name

GREENSKRAFTERS, INC

2. Principal Office Address

3680 SHORE BLVD

Suite, Apt. #, etc.

City & State

OLDSMAR FL

Zip

34677

Country

PINELLAS

3. Mailing Office Address

3680 SHORE BLVD

Suite, Apt. #, etc.

City & State

OLDSMAR FL

Zip

34677

Country

PINELLAS

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/1994

5. FEI Number

59-3259572

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

TRAYERS, DONNA M

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

3680 SHORE BLVD

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

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

Donna M Travers

Date

11/31/04

REGISTERED AGENT MUST SIGN

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
DP	ROBERT TRAYERS	3680 SHORE BLVD OLDSMAR FL 34677	OLDSMAR FL 34677
DV	DONNA M TRAYERS	3680 SHORE BLVD	OLDSMAR FL 34677

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 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:

Robert Travers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT TRAYERS

Date

11/31/04

Daytime Phone #

727-797-5296

CR25081 (10/02)