

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC -9 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Pa4000064631
Greenhaus Development, Inc.

2. Principal Office Address

350 Sevilla Ave.

Suite, Apt. #, etc.

St. 104

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

350 Sevilla Ave.

Suite, Apt. #, etc.

St. 104

City & State

Coral Gables, FL

Zip

FL 33134

Country

USA

REINSTATEMENT

00-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/94

5. FEI Number

650524353

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

Daniel F. Blonsky

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

2699 South Bayshore Dr.

Suite, Apt. #, Etc.

Penthouse

City

Miami, FL 33134

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date

12-6-04

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.	Richard J. Villaverde	350 Sevilla Ave. St. 104	Coral Gables, FL 33134
Sec.	TARA S. VILHAVERDE	350 SEVILLA AVE	CORAL GABLES FL 33134

900043300739
12/09/04--01029--014 **1350.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-04 3054967378

Daytime Phone #

CR2E081 (01/04)