

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 12:09

DOCUMENT # P95000007010

1. Corporation Name

Greenmen, Inc.

2. Principal Office Address
6845SW 144St.

3. Mailing Office Address
6845SW 144St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33158

Country
U.S.A

Zip
33158

Country
U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida** 1/26/1995

5. FEI Number
65-0605739

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 92-00

7. Name and Address of Current Registered Agent

Name
Mirella Hernandez

Street Address (P.O. Box Number is Not Acceptable)
6845SW 144St

Suite, Apt. #, Etc.

City
Miami

200003351382--9
FL-08/08/00-01097--001
***1208.75 ***1208.75

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date 7/21/00

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
P/T/S	William Hernandez	11705SW 69Ave.	Miami, FL 33156

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] William Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00
Date

(305) 971-7811
Daytime Phone #

CR20081 (9/99)