

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -5 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015782

1. Corporation Name

GREEN ROCK CORP.

2. Principal Office Address c/o PLM
201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1500

City & State
Miami, Florida

Zip
33131

Country
USA

3. Mailing Office Address c/o PLM
201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1500

City & State
Miami, Florida

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/24/95

5. FEI Number

Applied For

☒ 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

CORPORATION COMPANY OF MIAMI

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

201 South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 1500

City

Miami

State
FL

Zip Code 33131

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

Date 2-4-03

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
PD	Julia O. de Moleiro	CCCT, Primera Etapa, Piso 6, Oficina 614	Choao, Caracas, Venezuela
VD	Rodolfo W. Moleiro	CCCT, Primera Etapa, Piso 6, Oficina 614	Choao, Caracas, Venezuela
TD	Francisco Moleiro	CCCT, Primera Etapa, Piso 6, Oficina 614	Choao, Caracas, Venezuela
SD	Yula M. de Serizier	CCCT, Primera Etapa, Piso 6, Oficina 614	Choao, Caracas, Venezuela

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:

RODOLFO MOLEIRO-DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 31, 2003

Date

Daytime Phone #

CR2E081 (1/02)

js 2/5/03