

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 95000018558**
1. Corporation Name
GREEN WITH ENVY, INC.

FILED
97 MAR 24 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**3005 SOUTH MAC DILL AVENUE
TAMPA, FLORIDA 33629**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 96+97

4. Date Incorporated or Qualified To Do Business in Florida March 6, 1995		Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 59-3304511		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Priscilla Morrison	3001 Bay Vista Avenue	Tampa, Fla. 33611
VP	Barbara Rowe	3001 Bay Vista Avenue	Tampa, Fla. 33611

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****923.75 ****923.75

8. Name and Address of Current Registered Agent

**Priscilla Morrison
3005 South Mac Dill Avenue
Tampa, Florida 33629**

9. Name and Address of New Registered Agent

Name
George Allen DuFour
Street Address (P.O. Box Number is Not Acceptable)
4610 Central Avenue
Suite, Apt. #, Etc.
City
Tampa
State
FL
Zip Code
33603

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *George Allen DuFour*
REGISTERED AGENT MUST SIGN

Date **3/18/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: *Priscilla Morrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 Date
813 239 1001 Daytime Phone #

CR2E040 (12/96)