

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 # P95000024135

1. Corporation Name  
GREENE TEXTILE CORPORATION

10000199941--5  
-11/08/96--01019--019  
\*\*\*375.00 \*\*\*\*375.00

Principal Place of Business Mailing Address  
745 W. 25TH ST. 745 W. 25TH ST.  
HALEAH FL 33010 HALEAH FL 33010



REINSTATEMENT 96 00

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  
4. Date Incorporated or Qualified To Do Business in Florida 03/24/1995  
5. FEI Number 65-0570765 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	NARANJO, AURORA	745 W. 25TH ST.	HALEAH FL 33010

8. Name and Address of Current Registered Agent  
NARANJO, AURORA  
745 W. 25TH ST.  
HALEAH FL 33010  
9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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: [Signature] REGISTERED AGENT MUST SIGN  
Date: 10/31/94

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: [Signature] REGISTERED AGENT MUST SIGN  
Date: 10/31/94  
Daytime Phone #: 305 843 1001