

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL -3 AM 9:16

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Catherine Herrington  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000046506

1. Corporation Name  
M. GREENE, INC.

2. Principal Office Address  
2438 Sweetwater Country  
Club Drive

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

USA

3. Mailing Office Address

142 S. Semoran Blvd.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

06/12/1995

5. FEI Number

59-3323101

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

IVAN M. LEFKOWITZ

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

LEFKOWITZ & BLOOM, P.A.

Suite, Apt. #, Etc.

430 NORTH MILLS AVENUE

City

ORLANDO

State

FL

Zip Code

32803

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

*Ivan M. Lefkowitz*

REGISTERED AGENT MUST SIGN

Date 6-26-01

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D      | RANDALL B. GREEN, D.O.               | 142 S. Semoran Blvd.                              | Orlando, FL 32807  |
| PST    | PAUL R. SPRAGUE                      | 142 S. Semoran Blvd.                              | Orlando, FL 32807  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

BY: RANDALL B. GREEN, D.O.

*Randall B. Greene*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/01 407 207 1234

Daytime Phone #

CR2E081 (9/00)