PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FII ED FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98.111 16 PH 1:56 P95000076013 DOCUMENT # SECHELLEY OF SIME TALLAN CLEB, FLORIDA 1. Corporation Name GREEN EARTH INSULATION, INC. Malling Address Principal Place of Business 2012 GRAYSON DRIVE 2012 GRAYSON DRIVE NAVARRE FL 32506 NAVARRE FL 32566 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 Date Incorporated or Qualified To Do Business in Florida 10/05/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3338453 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors P Brown, Erik E 2012 GRAYSON DR **NAVARRE FL 32566** ۷P KING, NEIL FT WALTON BEACH FL 32547 2012 EMISTRAL LANE 07/16/98--01100 <u>*</u>***743.75 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent Nama BROWN, ERIK Street Address (P.O. Box Number is Not Acceptable) 2012 GRAYSON DRIVE NAVARRE FL 32566 Suite, Apt. #, Etc. City State Zip Code of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the register Signature of Registered Agent _ REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes 🔀

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 June 1998 (850 939-4542)
Date Daylime Phone #