

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 26 PM 12:32

DOCUMENT # P96000U55911

1. Corporation Name

Green Apple Services, Inc.

2. Principal Office Address - No P.O. Box #

18236 Clearbrook Circle

Suite, Apt. #, etc.

3. Mailing Office Address

18236 Clearbrook Circle

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33498

Country

USA

Zip

33498

Country

USA

600192570256
01/26/11--01029--006 **150.00

01/04/11 01049 002 900.00
CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/1996

5. FEI Number

650685924

☐ 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

Karen E. Martin, EA

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

3165 Holiday Springs Blvd

Suite, Apt. #, Etc.

#22

City

MARGATE

State

FL

Zip Code

33063

REINSTATEMENT

09-11 B 1/26/11

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

Karen E. Martin, EA

Date 1/22/2011

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
<u>P</u>	<u>Timothy J. Weber</u>	<u>18236 Clearbrook Circle</u>	<u>Boca Raton FL 33498</u>

10. E-mail Address: Tweber5003@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/2011

Daytime Phone #