

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PC10000074311</b>		59 MAR 31 AM 11:34 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>GREENLIFT S&amp;D CORP.</b>			
Principal Place of Business <b>20991 N.E. Hwy 27-</b>	Mailing Address <b>P.O. Box 842 Williston, FL 32696</b>		
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
<div style="display: flex; justify-content: space-between;"> <div> <b>REINSTATEMENT</b> 97-99  <b>SEPT. 3, 1996</b>            5. FEI Number <b>59-34022004</b>            6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> </div> <div>           4. Date Incorporated or Qualified To Do Business in Florida            Applied For? <input checked="" type="checkbox"/> Not Applicable         </div> </div>			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Essie Hodge	P.O. Box 414	Williston, FL 32696
Sec.	Julie Hodge	340 N.W. 2nd St.	"
Treas.	Christine Hodge	P.O. Box 221	"
V.P.	Billy Hodge	P.O. Box 435	"
<div style="display: flex; justify-content: space-between;"> <div>           8. Name and Address of Current Registered Agent  <b>NORM D. FUGATE</b>  <b>P.O. BOX 98</b>  <b>WILLISTON FL. 32696</b> </div> <div>           9. Name and Address of New Registered Agent  <b>JOHN T. HODGE SR.</b>  <b>20991 N.E. Hwy 27</b>  <b>BOX 576</b>  <b>Williston</b>            State <b>FL</b> Zip Code <b>32696</b> </div> </div>			
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 <b>John T. Hodge Sr.</b>		Date <b>4-29-99</b>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
(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: <b>Essie Hodge</b>		Date: <b>352 528 0038</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	