

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000101125**

1. Corporation Name

F.S. Green, Inc.

2. Principal Office Address

3142 W 77 Place

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33018

Country

USA

3. Mailing Office Address

3142 W 77 Place

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33018

Country

USa

4. Date Incorporated or Qualified  
To Do Business in Florida 12/13/1996

5. FEI Number  
65-0717582

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

04 MAR 31 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-04

700031511917  
03/30/04--01065--004 \*\*600.00

**7. Name and Address of Current Registered Agent**

Name  
Flavio S Green

Street Address (P.O. Box Number is Not Acceptable)  
3142 W 77 Place

Suite, Apt. #, Etc.

City  
Hialeah

State  
FL

Zip Code  
33018

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

REGISTERED AGENT MUST SIGN

Date

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
D	Green, Flavio S	3142 W 77 Place	Hialeah, Florida 33018
D	Green, Myriam	3142 W 77 Place	Hialeah, Florida 33018
V	Green, Gilberth	3142 W 77 Place	Hialeah, Florida 33018

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:

*Myriam Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

Daytime Phone #

CR2ED01 (01/04)

March 22, 2004

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314


Re: F.S. Green, Inc.  
P96000101125

Gentlemen:

It has come to our attention that our corporation was dissolved for failure to file timely the annual business report. Our company had changed its address and apparently the report was misplaced during the change. We did not receive the annual report form.

We request that the late fee be waived.

Sincerely:

A handwritten signature in black ink, appearing to be a stylized 'J' or 'G' followed by a horizontal line.

President