

APPLICATION FOR REINSTATEMENT DOCUMENT # P97000044935 1. Corporation Name <p style="text-align: center;">GREENLAND ENTERPRISES, INC.</p>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS <div style="text-align: right;"> FILED 98 DEC 10 AM 11:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business Mailing Address <p style="text-align: center;">22890 SW 65th Avenue, Apt D Boca Raton, Fl 33428</p>		<div style="font-size: 2em; font-weight: bold; color: red;">REINSTATEMENT 18</div>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. 171 SE Miszer Blvd, #18 City & State Boca Raton, Florida Zip Country 33432 USA		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 171 SE Miszer Blvd, #18 City & State Boca Raton, Florida Zip Country 33432 USA	
4. Date Incorporated or Qualified To Do Business in Florida 5/20/97		5. FEI Number 65-0763865	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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
P/D	Luciano Bonaldo	1430 NE 4th Court	Boca Raton, Fl 33432
		000002712220--9 -12/14/98 -01135--021 ****750.00 ****750.00	
8. Name and Address of Current Registered Agent Luciano Bonaldo 171 SE Miszer Blvd, #18 Boca Raton, Fl 33432		9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State FL Zip Code _____	
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 <i>[Signature]</i>		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">SIGNATURE REQUIRED</div> REGISTERED AGENT MUST SIGN	
		Date 12/7/98	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on Intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>[Signature]</i>		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">SIGNATURE REQUIRED</div> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date 12/7/98 Daytime Phone # 561-416-2397	