


P97000108460

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 AUG 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000108460

1. Corporation Name

GREEN EMERALD DEVELOPMENT Group Inc.
10/16/98

2. Principal Office Address

1401 Bay Road #203

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

US

3. Mailing Office Address

same as principal

Suite, Apt. #, etc.

City & State

Zip

Country

BK

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/97

5. FEI Number

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

William Pelekanos

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

1401 Bay Road #203

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

000058853550

08/23/05--01005--013 **8.75

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

[Signature]

WILLIAM PELEKANOS

Date 8/12/05

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
P,D	William Pelekanos	1401 Bay Road#203	Miami Beach, FL 33139

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/05

Date

Daytime Phone #

WILLIAM PELEKANOS President

CR2E081 (01/04)