


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

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DOCUMENT # p98000026343

1. Corporation Name
Green & Kupperman, Inc.

2. Principal Office Address <u>200 First Street</u>		3. Mailing Office Address <u>200 First Street</u>	
Suite, Apt. #, etc. <u>Suite B</u>		Suite, Apt. #, etc. <u>Suite B</u>	
City & State <u>Neptune Beach, FL</u>		City & State <u>Neptune Beach, FL</u>	
Zip <u>32266</u>	Country <u>USA</u>	Zip <u>32266</u>	Country <u>USA</u>

REINSTATEMENT 02-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <u>03/26/1998</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <u>59-3503330</u>		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Susan E. Green</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>Green & Kupperman, Inc.</u>		
Suite, Apt. #, Etc. <u>200 First Street Suite B</u>		
City <u>Neptune Beach</u>	State <u>FL</u>	Zip Code <u>32266</u>

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] Date 1/13/06

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	Greg S. Kupperman	200 First Street Suite B	Neptune Beach, FL 32266
S/T	Susan E. Green	200 First Street Suite B	Neptune Beach, FL 32266

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 contained in Chapter 119, 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] Susan E. Green Date January 13, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (904) 241-6611 Daytime Phone #

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