

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT -9 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043588

1. Corporation Name GREENE HOMES, INC.

500003436485--6
-10/24/00--01041--018
****758.75 ****758.75

2. Principal Office Address
8335 Cambria Court

3. Mailing Office Address
P.O. Box 959

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State
Elfers, FL

Zip 34653 **Country** U.S.A.

Zip 34680-0959 **Country** U.S.A.

REINSTATEMENT

00

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/06/99

SP

5. FEI Number
59 3527727

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
Gerald A. Figurski

Street Address (P.O. Box Number is Not Acceptable)
2435 U.S. Highway 19, Suite

Suite, Apt. #, Etc.
Suite 350

City
Holiday

State FL **Zip Code** 34691

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**

Gerald A. Figurski

REGISTERED AGENT MUST SIGN

Date 10/3/00

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
DP	David R. Greene	8335 Cambria Court	New Port Richey, FL 34653
DST	Jerri Greene	8335 Cambria Court	New Port Richey, FL 34653

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:

David R. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/29/00

Date

(727) 376-0939

Daytime Phone #

CR2ED61 (9/99)