

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000045914

1 Corporation Name GREEN THUMB MANUFACTURING, INC

Principal Place of Business Mailing Address
4912 SW 75th AVE.
MIAMI, FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State		City & State	
Zip	Country	Zip	Country

FILED

99 NOV 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200003052662--E
-11/23/99--01021--040
*****500 NO *****500.00

REINSTATEMENT 1999

4 Date Incorporated or Qualified To Do Business in Florida MAY 19, 1998	
5 FEI Number 65-0838071	Applied For Not Applicable
6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$175 Additional Fee required for Certificate of Status	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	DAVIDO O. FERNANDEZ	13787 S.W. 23 TERRACE	MIAMI, FL 33165
V.P.	ALEXANDER R. FERNANDEZ	8401 SW 107 AVENUE # 156E	MIAMI, FL 33173

200003052662--E
-11/23/99--01021--041
*****258 75 *****258.75

8 Name and Address of Current Registered Agent

DAVIDO O. FERNANDEZ
13787 S.W. 23 TERRACE
MIAMI, FL 33165

9 Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 REGISTERED AGENT MUST SIGN

Date 11/8/99

11 This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/99 (305) 992-7070
Date Daytime Phone #