

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 12 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059527

1. Corporation Name

HI GREEN, INC.
12723 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156-5944

2. Principal Office Address

12723 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156-5944

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

JULY 2, 1998

5. FEI Number

65-0852428

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

FRED GOTTLIEB

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

12723 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156-5944

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

9/7/05

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	GOTTLIEB, FRED	12723 SOUTH DIXIE HIGHWAY	MIAMI, FL 33156-5944

610059535386
09/12/05--01054--007 **300.00

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]

FRED GOTTLIEB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/7/05

305-785-3918

Daytime Phone #

CR2E081 (01/05)