PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 11 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700009692567
02/11/03--01023--009 **150.00

REINSTATEMENT 02-03

DOCUMENT # P98000083509

1. Corporation Name

Greenir Pastures Development corp Inc

2. Principal Office Address	3. Mailing Office Address
6989 55th ST N ~~Suite A~~	Same
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Oakdale MN	City & State
Zip 55128 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9/28/98

5. FEI Number 65-086543 ☐ 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: Daniel Nardi

700009692567
12/26/02 01051 001 **75.00

Street Address (P.O. Box Number is Not Acceptable): 7500 Glades Rd

Suite, Apt. #, Etc.: Suite 330

City: Boca Raton, FL 33434 State: FL Zip Code:

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 _____ Date 12/23/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Director/President	MARK Miles	4921 W. Lake Congon Road	Woodbury MN 55129

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: MARK Miles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-02
Date

6516462900 X 101
Daytime Phone #

gf 2/14