

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000087769

1. Corporation Name

GREEN ISLAND CORP.

Principal Place of Business  
100 S.E. 2nd Street  
17th Floor  
Miami, FL 33131

Mailing Address  
100 S.E. 2nd Street  
17th Floor  
Miami, FL 33131

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/1998

SP

5. FEI Number

65-0875210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPT	VERRE, HUMBERTO	100 SE 2ND STREET 17 FL.	MIAMI, FL 33131
DVS	VERRE HELOISA	100 SE 2ND STREET 17 FL.	MIAMI, FL 33131

700003078167--1  
-12/22/99--01071--002  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H.  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

J. H. FRIEDHOFF  
REGISTERED AGENT MUST SIGN

Date 11/24/99

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:

Heloisa Verre  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Heloisa Verre, Vice President

11/24/99  
Date

Daytime Phone #

REINSTATEMENT 99

FILED

99 DEC 13 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA