



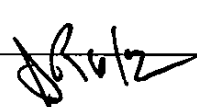
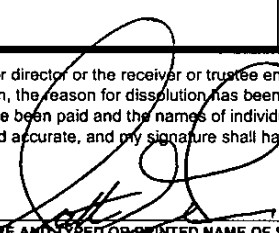
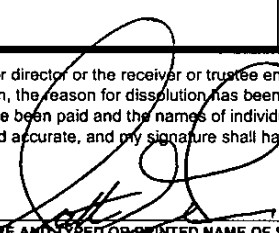
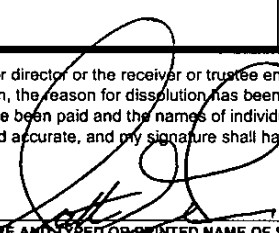


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p><b>CORPORATION REINSTATEMENT</b></p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p><b>FILED</b></p> <p>05 MAY 27 PM 1:46</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																												
<p><b>DOCUMENT #</b> P99000019533</p>																														
<p><b>1. Corporation Name</b></p> <p style="font-size: 1.2em;">Greene Financial Group, Inc.</p>																														
<p><b>2. Principal Office Address</b></p> <p>2806 E. Silver Springs Blvd</p> <p>Suite, Apt. #, etc.</p> <p>201</p> <p>City &amp; State</p> <p>Ocala FL</p> <p>Zip Country</p> <p>34470 USA</p>	<p><b>3. Mailing Office Address</b></p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>FL</p> <p>Zip Country</p>	<div style="border: 1px solid black; padding: 5px;"><p style="font-size: 1.5em; margin: 0;"><b>REINSTATEMENT</b></p><p style="font-size: 1.5em; margin: 0;">09-05</p></div> <p><b>4. Date Incorporated or Qualified To Do Business in Florida</b></p> <p style="font-size: 1.2em;">1/9/1999</p> <p><b>5. FEI Number</b></p> <p style="font-size: 1.2em;">59-3574856</p> <p><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b></p> <div style="display: flex; justify-content: space-between;"><div>Applied For</div><div>Not Applicable</div></div>																												
<p><b>7. Name and Address of Current Registered Agent</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;">Name</td></tr><tr><td colspan="2" style="padding: 2px;">Gottlieb &amp; Gottlieb - P.A.</td></tr><tr><td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td colspan="2" style="padding: 2px;">2475 Enterprise Rd</td></tr><tr><td colspan="2" style="padding: 2px;">Suite, Apt. #, Etc.</td></tr><tr><td colspan="2" style="padding: 2px;">300</td></tr><tr><td style="padding: 2px;">City</td><td style="padding: 2px;">State Zip Code</td></tr><tr><td style="padding: 2px;">Clearwater</td><td style="padding: 2px;">FL 33763</td></tr></table>			Name		Gottlieb & Gottlieb - P.A.		Street Address (P.O. Box Number is Not Acceptable)		2475 Enterprise Rd		Suite, Apt. #, Etc.		300		City	State Zip Code	Clearwater	FL 33763												
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<p><b>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.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">Signature of Registered Agent</td><td style="width: 40%; padding: 2px;">Date</td></tr><tr><td style="padding: 2px;"></td><td style="padding: 2px;">5/23/15</td></tr><tr><td colspan="2" style="text-align: center; padding: 2px;">REGISTERED AGENT MUST SIGN</td></tr></table>			Signature of Registered Agent	Date		5/23/15	REGISTERED AGENT MUST SIGN																							
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<p><b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td style="text-align: center;">D</td><td>Scott Greene</td><td>3002 Bayshore Pointe Dr</td><td>Tampa FL 33611</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <div style="text-align: right; margin-top: 20px;"></div>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	Scott Greene	3002 Bayshore Pointe Dr	Tampa FL 33611																				
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<p><b>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)(l), 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.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">SIGNATURE: </td><td style="width: 40%; padding: 2px;">Date</td></tr><tr><td style="padding: 2px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</td><td style="padding: 2px;">4/28/05 352-732-8277</td></tr><tr><td> </td><td style="text-align: right;">Daytime Phone #</td></tr></table>			SIGNATURE: 	Date	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/28/05 352-732-8277		Daytime Phone #																						
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