

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 20 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045495

1. Corporation Name

THE GREEN CACTUS INC.

2. Principal Office Address - No P.O. Box #

5641 WALTHAM WAY

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

Zip

33463-6607

Country

PALM BEACH

3. Mailing Office Address

5641 WALTHAM WAY

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

Zip

33463-6607

Country

PALM BEACH

000151468480  
04/21/09--01022--001 \*\*\*1508.75

REINSTATEMENT 00-09

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 1999

5. FEI Number

65-0924898

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

ROBERT W WYMAN

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

5641 WALTHAM WAY

Suite, Apt. #, Etc.

City

LAKE WORTH,

State

FL

Zip Code

33463-6607

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Robert W Wyman

REGISTERED AGENT MUST SIGN

Date APRIL 15 2009

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
PRES	VICTOR BRAVO	6016 TRIPHAMMER RD.	LAKE WORTH, FL. 33463
VP	VICTOR BRAVO	6016 TRIPHAMMER RD	LAKE WORTH, FL. 33463

07/22

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 contained in Chapter 119, 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

VICTOR BRAVO

Date

4-16-09

Daytime Phone #

561-714-6065