

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083509

1. Corporation Name GREENER PASTURES DEVELOPMENT CORPORATION

Principal Place of Business 301 YAMATO ROAD, SUITE 4199 BOCA RATON FL 33431 Mailing Address 301 YAMATO ROAD, SUITE 4199 BOCA RATON FL 33431

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 09/28/1998 5. FEI Number 65-0865543 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for MILES, MARK ROBERT at 301 YAMATO ROAD, SUITE 4199, BOCA RATON FL 33431.

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REINSTATEMENT 99-001 TS

8. Name and Address of Current Registered Agent NORTON, DANIEL 301 YAMATO ROAD, SUITE 4199 BOCA RATON FL 33431

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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 [Signature] REGISTERED AGENT MUST SIGN Date 1-20-00

11. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-20-00 6516462900 Date Daytime Phone #