

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

03 FEB 11 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083509
1. Corporation Name
Green Pastures Development Corp Inc

700009692567
02/11/03--01023--003 **150.00

PRINTED/NO LONGER 02-03

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

4. Date Incorporated or Qualified To Do Business in Florida <u>9/28/98</u>	
5. FEI Number <u>65-086543</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Daniel Narta</u>	700009692567	
Street Address (P.O. Box Number is Not Acceptable) <u>7500 Glades Rd</u>	12/26/02 01001 001 **75.00	
Suite, Apt. #, Etc. <u>Suite 330</u>		
City <u>Boca Raton, FL</u>	State FL	Zip Code <u>33434</u>

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 _____ REGISTERED AGENT MUST SIGN _____ Date 12/23/02

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
<u>Director</u>	<u>MARK MILES</u>	<u>4921 W. Dungan Road</u>	<u>Woodbury MN 55129</u>

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 12-19-02 6516462900 x 101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/21/02

CR2E081 (9/01)