

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAR -14/ AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000821

1. Corporation Name

Florida State Horticultural Society, Inc.

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

700 Experiment Road

Suite, Apt. #, etc.

3. Mailing Office Address

700 Experiment Road

Suite, Apt. #, etc.

City & State

Lake Alfred, Florida

City & State

Lake Alfred, Florida

Zip

33850

Country

United States

Zip

33850

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/16/2005

5. FEI Number

59-3175758

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

Chris Oswalt

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

1702 Highway 17 South

Suite, Apt. #, Etc.

P.O. Box 9005, Drawer H503

City

Bartow

State

FL

Zip Code

33831

100191706031
02/18/11--01033--004 **\$12.50

100191706031
03/04/11--01030--005 **\$70.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/28/11

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
Chairman of Board	Jeffrey K. Brecht	University of Florida, UF Purchasing 109 Elmore Hall	Guinesville, FL 32611-0690
President	Richard Tyson	6021 S. Conway Road	Orlando, FL 32812
Secretary	Chris Oswalt	1702 Highway 17 South P.O. Box 9005, Drawer H503	Bartow, FL 33831
Treasurer	Juanita Popenoe	1951 Woodlea Road	Tavares, FL 32778
President Elect	Michael Neff	ASHS 1016 Duke Street	Alexandria, VA 22314
Administrator			

REINSTATEMENT BH

10. E-mail Address:

fshawm@ashs.org
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/11

Date

Daytime Phone #