

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

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

FILED

02 SEP -6 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20829**

1. Corporation Name

THE LEIDER HORTICULTURAL COMPANIES, INC.

800007602668--3
-09/09/02--01067--001
*****900.00 *****900.00

2. Principal Office Address

5275 Steiner Road

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip

33436

Country

3. Mailing Office Address

855 E. Aptakisic Road

Suite, Apt. #, etc.

City & State

Buffalo Grove, Illinois

Zip

60089

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1988

5. FEI Number

362771753

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

Naples-Lawdock, Inc.

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

4501 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 300

City

Naples,

State

FL

Zip Code

34103

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 **Naples-Lawdock, Inc.**
By: David L. Petersen, V.P.
David L. Petersen, V.P. REGISTERED AGENT MUST SIGN

Date **Aug 26, 2002**

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
P/D	M. James Leider	855 E. Aptakisic Road	Buffalo Grove, IL 60089
VP/D	Gerard F. Leider	855 E. Aptakisic Road	Buffalo Grove, IL 60089
S/D	Margaret L. Kreuter	855 E. Aptakisic Road	Buffalo Grove, IL 60089
T	Francis M. Leider	855 E. Aptakisic Road	Buffalo Grove, IL 60089
VP/D	Mark L. Leider	855 E. Aptakisic Road	Buffalo Grove, IL 60089
VP/D	Mary L. Barss	855 E. Aptakisic Road	Buffalo Grove, IL 60089

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:

M. James Leider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. JAMES LEIDER 8/30/02

Date

847.634-4060
Daytime Phone #

CR2E081 (9/01)

9/16/02