

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 APR 30 PM 3: 04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V37909

1. Corporation Name
A2Z NURSERY CORP.

Principal Place of Business 288-Z SMITH SUNDY ROAD DELRAY BEACH FL	Mailing Address 288-Z SMITH SUNDY ROAD DELRAY BEACH FL
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REINSTATEMENT *97-97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	05/21/1992
5. FEI Number	65-0347916
Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WOLF, STEVEN	288-Z SMITH SUNDY RD	DELRAY BEACH FL

100002168501-4
 -05/07/97--01065--014
 ****915.00 ****915.00

3/20/97

8. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S.
 500 E. BROWARD BLVD.
 FORT LAUDERDALE FL

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: *Geoffrey Mombach*
 REGISTERED AGENT MUST SIGN Date: *3/20/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Steven Wolf* **STEVEN WOLF** 3/20/97 Date: *3/20/97*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 561 496-1280 Daytime Phone #

CR2E040 (7/95)