

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 OCT -6 PM 4:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # (Prev. #559690)

Corporation Name

S.O. NURSERY, INC.

Principal Place of Business
 120 E. Central Street
 Harlan, KY 40831

Mailing Address
 P.O. Box 817
 Harlan, KY 40831

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

4. Date Incorporated or Qualified To Do Business in Florida 02/14/78

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-1798458

Applied For Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee req. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/p	BENNETT, RUBY R.	817 WOODLAND HILLS	HARLAN, KY 40831
S	ROWE, MONA	120 E CENTRAL STREET	HARLAN, KY 40831
VP	BENNETT, BENJAMIN R.	120 E CENTRAL STREET	HARLAN, KY 40831
AS	BENNETT, MARY E.	120 E CENTRAL STREET	HARLAN, KY 40831
T	BENNETT, SARAH J.	120 E CENTRAL STREET	HARLAN, KY 40831

600003434206--7
 -10/23/00--01001--020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONALD F. MINTMIRE, P.A.
 265 SUNRISE AVE., SUITE 204
 PALM BEACH, FL 33480

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. 600003434206--7
 -10/23/00--01001--021
 City *****8.75 *****8.75
 FL

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

Donald F. Mintmire

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

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 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)(ii), F.S. The information provided in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruby R. Bennett

09/26/2000 (606) 573-6698

Date

Daytime Phone #