

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4500045377**

1. Corporation Name

SUMMERDALE NURSERY, INC.

2. Principal Office Address

14226 COUNTY LINE ROAD

Suite, Apt. #, etc.

1

City & State

HUDSON, FLORIDA

Zip

34667

Country

USA

3. Mailing Office Address

14226 COUNTY LINE ROAD

Suite, Apt. #, etc.

City & State

HUDSON, FLORIDA

Zip

34667

Country

USA

REINSTATEMENT

91000

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 17, 1994

5. FEI Number

59-3271855

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

Stephen A. Ferra, P.A.

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

1421 Court Street

Suite, Apt. #, Etc.

Ste F

City

Clearwater

State
FL

Zip Code

33756

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

Date **10-18-00**

REGISTERED AGENT MUST SIGN

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
PRESIDENT	WILLIAM DAVID REEMA	14226 COUNTY LINE RD, HUDSON, FL 34667	FLORIDA 34667
VICE PRESIDENT	PATRICIA MAY REEMAN	14226 COUNTY LINE RD	HUDSON, FL 34667
			LS

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:

Patricia May Reeman

PATRICIA MAY REEMAN

OCT 17, 00

(727) 856 0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #