PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 28 PM 1:11

DOCUMENT # H27634

1. Corporation Name
KIM'S NURSERY, INC.

REINSTATEMENT 91-01

2. Principal Office Address	**3.** Mailing Office Address
36650 S.W. 192 AVENUE	36650 S.W. 192 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FL	City & State: HOMESTEAD, FL
Zip: 33034 Country: USA	Zip: 33034 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 10/26/84

5. FEI Number 592539558 ☐ 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: PERRY ADAIR

000004621340--1
-10/03/01--01029--015
***1350.00 ***1350.00

Street Address (P.O. Box Number is Not Acceptable): 432 N. WASHINGTON AVENUE

Suite, Apt. #, Etc.:

City: HOMESTEAD State: FL Zip Code: 33030

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: Kim C Musumeci
REGISTERED AGENT MUST SIGN

Date

CR2E081 (9/00)

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	SALVATORE MUSUMECI	36650 SW 192 AVENUE	HOMESTEAD, FL 33034
VP ST	KIM CURRY MUSUMECI	36650 SW 192 AVENUE	HOMESTEAD, FL 33034

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: Kim C Musumeci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #