

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 249253

1. Corporation Name

EAST MARSH NURSERY, INC.

Principal Place of Business

7100 HILLSBORO CANAL RD.  
POMPANO BCH. FL 33067

Mailing Address

7100 HILLSBORO CANAL RD.  
POMPANO BCH. FL 33067



REINSTATEMENT 03

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 07/13/1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0923983

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SOOWAL, LOUISE E	7864 EXETER BLVD.	TAMARAC FL 33469

900023964159  
10/21/03--01037--007 \*\*150.00

10/10/23

8. Name and Address of Current Registered Agent

SOOWAL, LOUISE E  
7100 HILLSBORO CANAL RD.  
POMPANO BCH. FL 33067

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Louise E. Soowal*  
REGISTERED AGENT MUST SIGN

Date 10-13-03

11. 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

*Signature of Louise E. Soowal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03 934 7355700  
Date Daytime Phone #

CR2E040 (7/03)



## EAST MARSH NURSERY, INC.

7100 Hillsboro Canal Road, Pompano Beach, Florida 33067

Toll Free 1-800-327-9424 • (954) 755-5700 • Fax (954) 752-0086

OCTOBER 13, 2003

GLEND A E. HOOD  
SECRETARY OF STATE  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

DEAR MS. HOOD,

I SPOKE WITH YOUR OFFICE THIS MORNING IN REGARDS TO THE UNIFORM BUSINESS REPORT FOR THE FILING YEAR 2003. I UNFORTUNATLY DID NOT RECEIVE THIS FORM PRIOR TO GETTING THE NOTICE OF DISSOLUTION.

I REGRET ANY CONFUSION THIS MAY HAVE CAUSED AND APPRECIATE YOUR OFFICES UNDERSTANDING IN THIS MATTER.

SINCERELY,

LOUSIE E. SOOWAL  
PRESIDENT