

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 FEB 17 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 356817

1. Corporation Name

Fletcher Nursery, INC.

2. Principal Office Address

Ralph Richards Road

Suite, Apt. #, etc.

City & State

Greensboro, FL

Zip Country

32330 USA

3. Mailing Office Address

P.O. Box 118

Suite, Apt. #, etc.

City & State

Greensboro, FL

Zip Country

32330 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-16-69

5. FEI Number

59-1254650

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

E. Hentz Fletcher, JR.

300003155683-7

-03/03/00--01005--009

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

Ralph Richards Road

*****8.75 *****8.75

Suite, Apt. #, Etc.

300003155683-7

-03/03/00--01005--010

***1650.00 ***1650.00

City

Greensboro

State

FL

Zip Code

32330

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

E. Hentz Fletcher, Jr.
REGISTERED AGENT/MUS SIGN

Date 02/16/00

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	E. Hentz Fletcher, JR	Ralph Richards Road	Greensboro, FL 32330
D	H. Maxwell Fletcher, SR.	Selman Avenue	Greensboro, FL 32330
D	H. Maxwell Fletcher, JR.	113 North Madison Ave	Quincy, FL 32351
S/T	Suzanne Fletcher Hood	709 Forest Lair	Tallahassee, FL 32312
REINSTATEMENT			94-00 TS

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: *Suzanne F. Hood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000
Date

850-894-6906
Daytime Phone #

CFR2081 (9/99)