

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 25 PM 4:00

DOCUMENT # 404218

1. Corporation Name

LINDLEY'S NURSERY, INC.

Principal Place of Business

2359 STATE ROAD 44  
NEW SMYRNA BEACH FL 32168

Mailing Address

53 FAIRWAY CIRCLE  
~~2359 STATE ROAD 44~~  
NEW SMYRNA BEACH FL 32168



REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1972

5. FEI Number

59-1462384

Applied For

Not Applicable

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

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

P

LINDLEY, ALBERT E

53 FAIRWAY CIRCLE

NEW SMYRNA BEACH FL 32168

S

LINDLEY, MARILYN M

53 FAIRWAY CIRCLE

NEW SMYRNA BEACH FL 32168

700004926717--5  
-02/14/02--01068--001  
\*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

LINDLEY, ALBERT E MRS.  
53 FAIRWAY CIRCLE  
NEW SMYRNA BEACH FL 32168

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.

Signature of  
Registered Agent

*Mrs. Albert E. Lindley*  
REGISTERED AGENT MUST SIGN

Date

1/05/02

AD

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:

*Marilyn M. Lindley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARILYN M. LINDLEY

1/05/02

Date

386-427-3531

Daytime Phone #

CR2E040 (8/01)