

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 31 AM 7:45

DOCUMENT # 417931

1. Corporation Name

Wee Folks Nursery, Inc.

2. Principal Office Address

619 N.W. 9th Ave

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32601

Country

ALABAMA

3. Mailing Office Address

2614 S.W. 34th ST

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32608

Country

ALABAMA

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business In Florida

1-31-73

5. FEI Number

591479388

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

Michael A. TANNER

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

2614 S.W. 34th ST

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32608

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

Michael A. Tanner

REGISTERED AGENT MUST SIGN

Date 3-29-06

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	Michael A. TANNER	2614 SW 34th ST	GAINESVILLE, FL 32608
VP	MARIA A. TANNER	2614 SW 34th ST	GAINESVILLE, FL 32608
D	KAMI COURTNEY	508 Letion Ter	STARKE, FL 32091
			200069962412 04/10/06--01064--011 **450.00

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 contained in Chapter 119, 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:

Marian A. Tanner

MARIAN A. TANNER

3-29-06

352-375-3886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/06

From the desk of

Michael Tanner

2/2

CALLED 3-29-06

WAS TOLD OVER
PHONE (SORRY FAILED
TO GET PERSON NAME)
TO MAIL \$450.00
FOR REINSTATEMENT.

WE NEVER RECEIVED FORMS
TO KEEP CORPORATION
NAME. ONLY REALIZED
NOT A CORPORATION
WHEN PAYING INSURANCE.