

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

01 NOV -7 PM 4:30

DOCUMENT # 501555

1. Corporate Name

ELSE BERRY GREENHOUSE, INC.

Principal Place of Business

103 BIG BEND RD
APOLLO BEACH FL 33572

Mailing Address

P O BOX 3107
APOLLO BEACH FL 33572



REINSTATEMENT

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

04/16/1976

5. FEI Number

59-1661246

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	THOMAS, JEFFREY H.	HWY #41 & STATE RD 672	RUSKIN, FL 00000
V	James E. Bobbitt	103 Big Bend Rd.	Apollo Beach, FL 33572
PSD	THOMAS, IKE	103 BIG BEND RD	APOLLO BEACH FL 33572
			300004698213--5 -11/29/01--01043--025 ***1500.00 ****750.00

8. Name and Address of Current Registered Agent

THOMAS, IKE
103 BIG BEND RD
APOLLO BEACH FL 33572

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-25-01

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)(l), 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 REQUIRED
Jeffrey H. Thomas

Date

10/15/01

Daytime Phone #

813-
677-0779

CR2040 (801)