PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 AR

(1)

APPLICATION FOR REINSTATEMENT

FILED
DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 DEC 22 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543928

1. Corporation Name

PATRICK'S FINE FOLIAGE, INC.

Principal Place of Business	Mailing Address
28701 SW 202 AVENUE GOULDS FL 33170	28701 SW 202 AVENUE GOULDS FL 33170

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/26/1977

5. FEI Number: 59-1762815 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LYDEN, PATRICK	28701 SW 202ND AVE	GOULDS FL 33170
ST	LYDEN, ~~JARIS~~ JANIS	28701 SW 202 AVENUE	GOULDS FL 33170

100000238811--2
-12/26/97--01106--001
****165.00 ****165.00

O. Allen
12/22/97

8. Name and Address of Current Registered Agent

LYDEN, PATRICK A
21800 SW 162ND AVENUE
GOULDS FL 33170

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

CR2E040 (8/97)

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: Patrick A Lyden — REGISTERED AGENT MUST SIGN

Date: 10/29/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. 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: Patrick A Lyden PATRICK A. LYDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/29/97 305-245-2012

Daytime Phone #

(2)

Patrick's Fine Foliage, Inc.
P.O. Box 428 • Goulds, Florida 33170
(305) 245-2012 • Fax (305) 247-2978 • 1-800-327-2835

11/10/97

Dear Sirs,

We received this notice that our corporation was dissolved. This occurred because mail never got to our business. You had our physical address, not our post office box where we receive mail.

After receiving notice at my home, I called and was instructed to send this ✓ and my reason for non-compliance. I hope this clears everything up and re-instates us. Thank you.

Sincerely,
Janis Lyden