PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

00 NOV -3 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 545307

1. Corporation Name

THE WEST FARM PLANT STORE, INC.

Principal Place of Business	Mailing Address
4430 SW 35TH TERR. GAINESVILLE FL 32608	C/O J. MAINS 4430 S.W. 35TH TERRACE GAINESVILLE FL 32608 US

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: 09/15/1977

5. FEI Number: 59-1767140 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ?

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

800003480358--3
-11/30/00--01015--006
*****750.00 *****750.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip
VPD	SPENCER, MARC	4430 S.W. 35TH TERRACE	GAINESVILLE FL 32608
STD	MAINS, JIM	4430 S.W. 35TH TERRACE	GAINESVILLE FL 32608
V	MAINS, MIKE	4430 S.W. 35TH TERRACE	GAINESVILLE FL 32608
VP	SPENCER, KIMBERLY A	4430 S.W. 35TH TERRACE	GAINESVILLE FL 32608
		REINSTATEMENT 2000	

8. Name and Address of Current Registered Agent

MAINS, JAMES E
4430 S.W. 35TH TERRACE
GAINESVILLE FL 32608

9. Name and Address of New Registered Agent

Name: MARC Spencer
Street Address (P.O. Box Number is Not Acceptable): 9906 SW 19th LANE
Suite, Apt. #, Etc.:
City: Gainesville State: FL Zip Code: 32608

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] Date: 11/2/00

REGISTERED AGENT MUST SIGN

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: [signature] VPD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/00 Date

817-229-4104 Daytime Phone #