

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 15 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 679630

1. Corporation Name

FUZZELL WHOLESALE NURSERY, INC.

~~004 40251~~

2. Principal Office Address - No P.O. Box #

30131 Johnson Point Rd.

3. Mailing Office Address

P. O. Box 492414

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

34748

Country

US

Zip

34749

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/24/1980

5. FEI Number

592017833

☐ 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

L. E. Taylor

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

103 N. Lee Street

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

L. E. Taylor
REGISTERED AGENT MUST SIGN

Date 9/3/09

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, D	Lois E. Fuzzell	30131 Johnson Point Rd.	Leesburg, FL 34748

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:

Lois E. Fuzzell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/3/09

Daytime Phone #