

REFERENCE ___

591352

COST LIMIT

\$ 78.75

ORDER DATE: February 16, 2000

ORDER TIME : 9:50 AM

ORDER NO. -: 591352-005

200003141742--9

CUSTOMER NO:

4308537

CUSTOMER:

Ms. Catherine P. Patton

Paul Hastings Janofsky &

17th Floor

695 Town Center Drive Costa Mesa, CA 92626

FOREIGN FILINGS

NAME:

HINES NURSERIES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

/Nama of same	Nurseries, Inc.	·
words or abbrevi	ation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or ations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)	*
2. Cali	formia 3. (FEI number, if applicable)	FOREST CONTINUES MICHIGAN
(State or country	under the law of which it is incorporated) (FEI number, if applicable)	
4 Mai	ch 23, 1990 5. perpetual	च (दान्,राक्षाताह्यातान् अक्टब्स्ट्राह
(Dau	ch 23, 1990 5. perpetual cof incorporation) (Duration: Year corp. will cease to existor "perpetual")	
a not	yet conducting business in Florida	-
(Date first	transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	. the Processor
	1 Jeffrey Road	
·	00000 0101	T. 170
Irvi	ne, CA 92620-2101 (Current mailing address)	7 · · · · · · · · · · · · · · · · · · ·
	(Cuttent maning address)	
o nurs	ery business	<u>.</u>
(Purposet	ery businesss) of corporation authorized in home state or country to be carried out in state of Florida)	
Name and str	eet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name:	CSC	Til. Chi. PETI Jan
Name:		. Vatoliku – Vata uma
Name:	1201 Hays Street	
Name:	1201 Hays Street	
Name:	1201 Hays Street	Control (Inc.) Fig. 12 Control
Name: Office Address:	1201 Hays Street Talahassee Florida, 32301 (Zip code)	
Name: Office Address:	1201 Hays Street	
Name: Office Address: 10. Registered a	Talahassee Florida, 32301 (Zip code) agent's acceptance:	enated in
Name: Office Address: 10. Registered a Having been name	Talahassee	enated in omply
Name: Office Address: 10. Registered a Having been name this application, I with the provision	1201 Hays Street Talahassee Florida, 32301 (Zip code) agent's acceptance:	enated in omply

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	See Rider A	6 6 C
Chairman:		3. 100
Address:		المراث بي
		0 v
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
P. OFFICEROC (CA., 1) D.		
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	•	
President:	Section 19	-
Address:		
		· <u>· · · · · · · · · · · · · · · · · · </u>
Vice President:		
Address:		
		
Secretary:		
Address:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Treasurer:	<u>, , , , , , , , , , , , , , , , , , , </u>	· ·y
Address:		17.17±230;24
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors.	
13. Marka Vier	· -	<u></u>
(Signature of Chairman, Vice Chairman, or any officer li		
14. Claudia Pieropan, CFO (Typed or printed name and capacity of	f person signing application)	7 ,

OFFICERS AND DIRECTORS OF HINES

irman - Douglas D. Allen les Nurseries, Inc.

sident and Chief Executive Officer - Steve P. Thigpen

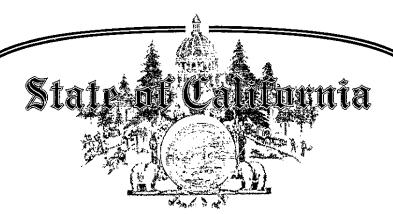
e President/Assistant Secretary - Paul R. Wood

e President/Assistant Secretary - Thomas R. Reusche

ef Pinancial Officer, Secretary and Treasurer - Claudia M. Pieropan

ul R. Wood omas R. Reusche uglas D. Allen phen P. Thigpen

10 CEB 21 PM 3: 10



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

HINES NURSERIES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

February 17, 2000

Billens

Secretary of State