

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 30 PM 2:24

10/30

DOCUMENT # **F41783**

1. Corporation Name

EVERGLADES TREE AND PLANT FARM, INC.

Principal Place of Business

% D.S. BEATY
8585 HOLMBERG ROAD
PARKLAND FL 33067

Mailing Address

% D.S. BEATY
8585 HOLMBERG ROAD
PARKLAND FL 33067

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

08/24/1981

5. FEI Number

59-2168821

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	BEATY, JEAN ANN	8585 HOLMBERG ROAD	PARKLAND, FL 00000
VD	BEATY, JAMES DONALD	RT 1 BOX 172E	PARKLAND, FL 00000
PD	BEATY, D S	8585 HOLMBERG ROAD	PARKLAND, FL 00000
VD	BEATY, STEPHEN W.	10225 SANDALFOOT BLVD	BOCA RATON, FL 00000

600002341756--5
-11/07/97--01086--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BEATY, D.S.
8585 HOLMBERG ROAD
PARKLAND FL

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

REGISTERED AGENT MUST SIGN

Date 10/27/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97 (954) 753-5080

Date

Daytime Phone #