


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 28 NOV 25 PM 2:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA																			
DOCUMENT # 1. Corporation Name NA-CHURS PLANT FOOD COMPANY		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida May 31, 1995 5. FEI Number 13-3818325 Applied For <input checked="" type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																					
Principal Place of Business Delaware						Mailing Address 421 Leader Street Marion, Oh 43302																	
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		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip		7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">1 Title(s)</th> <th style="width: 35%;">2 Name of Officers and/or Directors</th> <th style="width: 35%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 15%;">4 City/State/Zip</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">SEE ATTACHED LIST OF OFFICERS AND DIRECTORS</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">600002705466--1 12/08/98 01007-022 ***1050.00 ***1050.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">REINSTATEMENT</td> <td style="text-align: right;">96-98</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">600002705466--1 12/08/98 01007-023 *****8.75 *****8.75</td> </tr> </tbody> </table>		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	SEE ATTACHED LIST OF OFFICERS AND DIRECTORS							600002705466--1 12/08/98 01007-022 ***1050.00 ***1050.00	REINSTATEMENT			96-98				600002705466--1 12/08/98 01007-023 *****8.75 *****8.75	8. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, FL 33324	
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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 _____ Date <u>11-24-98</u> REGISTERED AGENT MUST SIGN		9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> Zip Code _____																					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)																							
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (K), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(K) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>George H. Berg Jr</u> <u>11-23-98</u> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																							