

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 17 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001518

1. Corporation Name

Community Greenhouse Foundation, Inc.

600115396106
01/17/08--01030--012 **297.50

CR2E081 (1/07)

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

4306 Clubside Drive

3. Mailing Office Address

4306 Clubside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FLorida

City & State

Longwood, Florida

Zip

32779

Country

US

Zip

32779

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

541747340

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
Richard Evans

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

4306 Clubside Drive

Suite, Apt. #, Etc.

City
Longwood, Florida

State
FL

Zip Code
32779

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/19/07

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
PCD	Richard Evans	4306 Clubside Drive	Longwood, Florida 32779
SD	Walter Holyinski	4306 Clubside Drive	Longwood, Florida 32779
D	Joesph Brunori	52 Governors Lane	Hilton Head, SC 29928

REINSTATEMENT
06-08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Evans

12/19/07

Date

786-402-5755

Daytime Phone #