

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

07 SEP 24 11:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G08000**

1. Corporation Name
PLANT NURSERIES OF WEST PALM BEACH, INC.

Principal Place of Business Mailing Address
c/o Mendoza, Callas & Schilling
251 Royal Palm Way
P.O. Box 2715
Palm Beach, Florida 33480-1310

REINSTATEMENT *93-97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2135 Lynx Place	3. New Mailing Office Address, If Applicable 2135 Lynx Place	4. Date Incorporated or Qualified To Do Business in Florida 11/5/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2397308
City & State Loxahatchee, Florida	City & State Loxahatchee, Florida	Applied For Not Applicable
Zip 33470	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PD	Gerhard Schotenrohr	2135 Lynx Place	Loxahatchee, FL 33470
VPTS	Renate Wilde	2135 Lynx Place	Loxahatchee, FL 33470
			700002304787-4 -09/28/97-01071-010 ***1418.75 ***1418.75
			<i>9-25-97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mendoza, Callas & Schilling 251 Royal Palm Way 6th Floor Palm Beach, Florida 33480	Name Kenneth B. Crenshaw Street Address (P.O. Box Number is Not Acceptable) 3175 South Congress Avenue Suite, Apt. #, Etc. Suite 301 City Palm Springs State FL Zip Code 33470
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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 *Kenneth B. Crenshaw* Date **8/23/97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Gerhard Schotenrohr* **08/23/97** **02132-5853**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GERHARD SCHOTENROHR

CR2E040 (12/96)

LAW OFFICE OF
KENNETH B. CRENSHAW, P. A.

TAXATION
REAL ESTATE
ESTATE PLANNING &
ADMINISTRATION

SUITE 301
3175 S. CONGRESS AVENUE
PALM SPRINGS, FLORIDA 33461

PALM BEACH (407) 439-6100
FAX (407) 439-6102

September 22, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Reinstatement of Corporation
Plant Nurseries of West Palm Beach, Inc.

Gentlemen:

The undersigned is attorney for the above corporation. Enclosed is the application for reinstatement for the corporation, together with applicable fees, including certificate of status.

Please forward the certificate of status to this office, upon reinstatement of the corporation.

Thank you for your gracious assistance in this matter.

Sincerely,



KENNETH B. CRENSHAW

KBC:lom
Encls.