

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

00 OCT 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G15640

1. Corporation Name

GRIFFIN WHOLESALE NURSERY, INC.

Principal Place of Business

SOUTH BETHLEHEM ROAD
P.O. BOX 1838
PLANT CITY FL 33564-1838

Mailing Address

SOUTH BETHLEHEM ROAD
P.O. BOX 1838
PLANT CITY FL 33564-1838

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2330697

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GRIFFIN, JOHN R.	SOUTH BETHLEHEM RD.	PLANT CITY FL
ST	GRIFFIN, NINFA GUERRA	2325 WALLACE BRANCH ROAD	PLANT CITY FL
			800003465418--8
			-11/16/00--01008--001
			****750.00 ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

GRIFFIN, JOHN R.
SOUTH BETHLEHEM RD.
PLANT CITY FL 33566

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

10/24/00

11. 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

Date

10/24/00 (813)659-1600

Daytime Phone #