

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -2 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

G31106

1. Corporation Name

Anglo Scandinavian Greenhouses, Inc.

2. Principal Office Address

680 Marshall Lake Road

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip
32703

Country
US

3. Mailing Office Address

680 Marshall Lake Road

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip
32703

Country
US

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 30, 1983

5. FEI Number

59-2282324

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

~~Peter C. Knudtzon~~

PETER C. KNUDTZON

Street Address (P.O. Box, etc. is not acceptable)

~~680 Marshall Lake Road~~

680 MARSHALL LAKE ROAD

Suite, Apt. #, Etc.

~~Apopka, FL~~

Apopka FL 32703

City

~~Apopka~~

State
FL

Zip Code
32703

8. I, being appointed the registered agent of the above named corporation, agree to accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 4/25/01

REGISTERED AGENT MUST SIGN

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
P/S/D	Peter C. Knudtzon	680 Marshall Lake Road	Apopka, FL 32703
			600004287386--3 -05/22/01--01074--002 ****300.00 ****300.00

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 application are 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

Peter C. Knudtzon

4/25/01

Date

407/886-7108

Daytime Phone #

CR2E081 (9/00)