

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB -4 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

G101238

1. Corporation Name

Jo-Don Foliage Inc.

2. Principal Office Address

5101 Berger Cemetery Rd.

Suite, Apt. #, etc.

City & State

Zephyrhills Fla.

Zip

33541

Country

Pasco

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99.00

8/19/99 90012/040 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

9-26-1983

5. FEI Number

59-2390325

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

Donald H Berger

500003136745-6

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

5101 Berger Cemetery Rd

-02/16/00--01012--001

****750.00 ***750.00*

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33541

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-1-00

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
Pres	Donald H Berger	5101 Berger Cemetery Rd, Zephyrhills	FL 33541
V.P.	Wanda J. Berger	" " " "	" "

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 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:

Donald H. Berger President

Date

2-1-00

Daytime Phone #

813-782-5492