

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G82595**

1. Corporation Name

**EXOTIC FOLIAGE NURSERY, INC.**

Principal Place of Business

Mailing Address

20400 SW 167TH AVE.  
MIAMI FL 33187

20400 SW 167TH AVE  
MIAMI FL 33187  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/31/1984

5. FEI Number

59-2469655

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	KALLERT, GUNTER	2039 NORTH BAY RD.	MIAMI FL
T	KALLERT, GUNTER	2039 N. BAY RD.	MIAMI BCH. FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KALLERT, GUNTER  
20400 SW 167 AVENUE  
MIAMI FL 33187

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10 May 2004

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

Daytime Phone #

10 May 2004

FILED

04 JUN 21 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03-04

300038143213  
06/21/04--01095--007 \*\*300.00

CR2E040 (7/03)



**EXOTIC FOLIAGE NURSERY, INC.**

20400 SW 167<sup>TH</sup> AVE

MIAMI, FL 33187

Tel: 305-251-5200 Fax: 305-378-6957

E-MAIL: [exoplants@msn.com](mailto:exoplants@msn.com)

WEB: [www.exoticfoliage.com](http://www.exoticfoliage.com)

®

06/14/04

**Florida Department of State**

**Glenda E. Hood**

Secretary of State

**Subject:** Exotic Foliage Nursery, Inc.

**Ref#:** G82595

**Attention:** Tina Roberts

Document Specialist

We at Exotic Foliage Nursery, Inc. ask you to please waive the reinstatement fee due to non-receipt of the original/second notice of uniform business report. Thank You very much for your help.

Sincerely,

**Gunter Kallert**

President

Exotic Foliage Nursery, Inc.