

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 31 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H 36549**

1. Corporation Name

SAGAERT ORCHIDS, INC.

2. Principal Office Address

5170 2ND RD.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

Zip Country

33467 USA

3. Mailing Office Address

235 MIRIMAR

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

Zip Country

33405 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/84

SP

5. FEI Number

592472768

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

KATHLEEN J. SAGAERT

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

235 MIRIMAR

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33405

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

Kathleen J. Sagaert

REGISTERED AGENT MUST SIGN

Date **1/25/01**

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
VPS	DANIEL H. SAGAERT	5170 2ND Rd.	LAKE WORTH, FLORIDA 33467
PD	KATHLEEN SAGAERT	235 MIRIMAR	WEST PALM BEACH, FL 33405

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:

Kathleen J. Sagaert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01
Date

561-540-8026
Daytime Phone #

CR2E081 (9/99)