

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H53835

1. Corporation Name

TUCKER NURSERY, INC.

2. Principal Office Address

1950 Lee Road

Suite, Apt. #, etc.

Suite 219

City & State

Winter Park, FL

Zip

32789

Country

US

3. Mailing Office Address

P.O. Box 831

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32802

Country

US

REINSTATEMENT
GR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

April 25, 1985

5. FEI Number

59-2528332

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 W. Tucker

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

4907 Dora Drive

Suite, Apt. #, Etc.

City

Mount Dora,

State

FL

Zip Code

32757

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

Peter W. Tucker

Date

11-14-06

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
PTD	Peter W. Tucker	4907 Dora Drive	Mount Dora, FL 32757
VSD	John W. Tucker III	1950 Lee Road, Suite 219	Winter Park, FL 32789

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 contained in Chapter 119, 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:

Peter W. Tucker

Peter W. Tucker,
President

Date

11-14-06

Daytime Phone #

407-849-0300