

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H64488

1. Corporation Name

ANGERS SUN TREE NURSERY, INC.

Principal Place of Business

900 SINCLAIR DRIVE
SARASOTA FL 34240

Mailing Address

900 SINCLAIR DRIVE
SARASOTA FL 34240

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

06/28/1985

5. FEI Number

59-2762507

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ANGERS, ROBERT Angers, Robert S., II	900 SINCLAIR DRIVE	SARASOTA FL 34240

400009019714
11/15/02--01031--007 **150.00

8. Name and Address of Current Registered Agent

SILVER, DENNIS S.
6624 GATEWAY AVENUE
SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name
Dennis S. Silver
Street Address (P.O. Box Number is Not Acceptable)
8486 S. Tamiami Trail
Suite, Apt. #, Etc.

City
Sarasota

State Zip Code
FL 34238

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

REQUIRED

Date

11/15/02

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 29, 2002

Daytime Phone #

CR2E040 (8/02)

Angers Sun Tree Nursery, Inc.
900 Sinclair Drive
Sarasota, FL 34240
(941) 371-5615
(941) 371-7302 (fax)

November 7, 2002

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

RE: ANGERS SUN TREE NURSERY, INC.

Dear Sir or Madam:

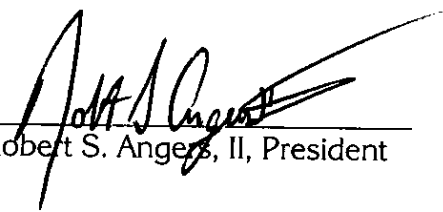
We have received the Notice, as well as the Certificate of Administrative Dissolution or Revocation of the aforementioned business.

We were quite surprised and distressed to receive this, as we never received any prior notice of filing our annual report for this year. As you may be able to ascertain, we have been incorporated since 1985 and we have never failed to file in prior years.

We are enclosing our Application for Reinstatement and our check for \$150.00. We request that the penalty be waived. Thanking you, in advance, for your consideration I am

Angers Sun Tree Nursery, Inc.

By


Robert S. Angers, II, President

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