

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **H92130**

1. Corporation Name

PLANT ADOPTION CENTER, INC.

Principal Place of Business

Mailing Address

12702 N. 56TH STREET
TEMPLE TERRACE FL 33617
US

12690 N 56TH ST
TAMPA FL 33617
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

12/27/1985

5. FEI Number

59-2627359

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
PD	ARNOLD, THOMAS R.	12690 N 56TH ST	TAMPA FL
S	ARNOLD, THOMAS R.	12690 N 56TH ST	TAMPA FL
AS	ARNOLD, DIANE C.	12690 N 56TH ST	TAMPA FL

600004669116--2
-11/06/01--01059--021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD., #1000
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name
THOMAS R. ARNOLD
Street Address (P.O. Box Number is Not Acceptable)
12690 N. 56th St.
Suite, Apt. #, Etc.
City
TAMPA
State
FL
Zip Code
33617

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-18-01**

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 #

THOMAS R. ARNOLD

10-18-01

CR2E040 (8/01)