

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 9:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

900597
Happy Trails Nursery, Inc.

2. Principal Office Address

903 Drayton Road

Suite, Apt. #, etc.

City & State

Montezuma, GA

Zip

31063

Country

USA

3. Mailing Office Address

903 Drayton Road

Suite, Apt. #, etc.

City & State

Montezuma, GA

Zip

31063

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida

12/14/87

5. FEI Number

592859187

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

Sallie D. Wallace

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

2139 Palm Beach Lakes Boulevard

Suite, Apt. #, Etc.

c/o DAVID J. SALES, ESQUIRE

City

West Palm Beach

State

FL

Zip Code

33409

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

Sallie D. Wallace

Date

2/2/01

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
PD	L. Kelly Wallace	903 Drayton Road	Montezuma, GA 31063
SD	Sallie D. Wallace	903 Drayton Road	Montezuma, GA 31063
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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:

Sallie D. Wallace SALLIE D. WALLACE

2/2/01 (478) 472-5171

Date

Daytime Phone #