

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 94-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 AUG 18 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # MD7512

1. Corporation Name  
LONGAN BLOSSOMS NURSERY, INC.

Principal Place of Business Mailing Address  
8740 S.W. 155 TERR. 8740 S.W. 155 TERR.  
MIAMI, FLORIDA 33157 MIAMI, FLORIDA 33157

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		4. Date Incorporated or Qualified To Do Business in Florida 5-17-85	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2463375	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	TAYLOR NESMITH	8740 S.W. 155 TERRACE	MIAMI, FL 33157
V.P.	MARK FRALEIGH	9550 S.W. 60 COURT	MIAMI, FL 33156
			600002272306--2
			-08/20/97--01063--006
			***1245.00 ***1245.00
			REINSTATEMENT 94-97
			a. Allen

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TAYLOR NESMITH 8740 S.W. 155 TERRACE MIAMI, FL 33157		Name SAME Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

10. I, being appointed the registered agent of the above named corporation, acknowledge with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Taylor Nesmith  
REGISTERED AGENT MUST SIGN  
Date: 8/14/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Taylor Nesmith - Taylor Nesmith president 8/14/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 8/14/97  
Daytime Phone #: 305-251-4134

CP20040 (1/2/96)