

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

09-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 13 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M11382

1. Corporation Name

PICK-A-PLANT INC

2. Principal Office Address

52 West OAKLAND PK BLVD

Suite, Apt. #, etc.

167

3. Mailing Office Address

City & State

Ft. Lauderdale FL

Zip

33311

Country

Broward

City & State

Zip

Country

REINSTATEMENT

09-00

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/85

SP

5. FEI Number

59-2500079

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

BARRY FEINSTEIN

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

2632 NW 3rd AVE

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33311

900003181199-6

-03/23/00-01019-001

****900.00 ****900.00

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

Barry Feinstein
REGISTERED AGENT MUST SIGN

Date 2/15/2000

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
President	DAVID GILMONE	2632 NW 3rd AVE	Ft Lauderdale FL 33311
V.P.	Barry Feinstein	2632 NW 3rd AVE	Ft. Lauderdale FL 33311

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:

Barry Feinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000

Date

954 566-8275

Daytime Phone #