

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 PM 1:14

DOCUMENT # **M17817**

1. Corporation Name

K & N NURSERY, INC.

Principal Place of Business

11690 SW 248 STREET
PRINCETON FL 33032
US

Mailing Address

11690 SW 248 STREET
PRINCETON FL 33032
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1985

5. FEI Number

59-2619578

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
DPS	KERRY B. NASH	7985 SW 145 ST	MIAMI FL
	CLAUDIA NASH	7985 SW 145 ST	MIAMI FL

8. Name and Address of Current Registered Agent

KERRY B NASH
8120 SW 62 PL
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

KERRY B. NASH

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

7985 S.W. 145 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33158

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

SIGNATURE REQUIRED
Kerry B. Nash

REGISTERED AGENT MUST SIGN

Date 11-14-00

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
KERRY B. NASH

Date

11-14-00

Daytime Phone #

305-257-2834