

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 17 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *m67267*

1. Corporation Name

THE GREENERY OF ST. AUGUSTINE, INC.

2. Principal Office Address - No P.O. Box #

2400 US 1 SOUTH

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

3. Mailing Office Address

5375 CREEKWOOD DRIVE

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32940

Country

USA

200120419092
03/17/08--01005--015 **750.00
CR2E081 (12/07)

04-08

4. Date Incorporated or Qualified
To Do Business in Florida 1988

5. FEI Number
59-2871846

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

MICHAEL BURKHARDT

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

5375 CREEKWOOD DRIVE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32940

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Michael Burkhardt

Date 11 MARCH 2008

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
P	MICHAEL BURKHARDT	5375 CREEKWOOD DRIVE	MELBOURNE, FL 32940

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 contained in Chapter 119, 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

Michael Burkhardt

MICHAEL BURKHARDT

3/11/2008

904-540-4988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAR 17 2008