PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

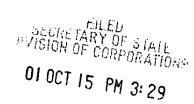
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M70346

1. Corporation Name

TIGER LAKE NURSERY, INC.



Principal Place of Business Mailing Address					
2752 SAM KEEN RD	2752 SAM KEEN RD				
LAKE WALES FL 33853	LAKE WALES FL 33855				II BYBU BIBU BYBU BIBU BUBU HBU
us *	US			0 SEC 8 8 C N 151	5 TAN 1
		[A]	FHNSI	AIRMENI	
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			P811.000		
New Principal Office Address, If Applicable	3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/26/1988		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number		
City & State	City & State	5. FEI Nui		59-2876231	Applied For
The state of the s	City di Glate		6.	00 E010E01	Not Applicable
Zip 3 3 8 98 Country	Zip 33898 Count	Country		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)					
		treet Address of Each officer and/or Director			State / Zip
PDT KEEN, DWIGHT H.	2752 SAM KEEN RD			LAKE WALES FL 33898	
VSD KEEN, SUSAN C 2752 SAM KE		EN RD.		LAKE WALES FL 33859 3 3 8 9 8	
		4000046497547			
				4000046497547 -10/23/0101048017 ****758.75 *****758.75	
		10,004			
 - 		Motoli o			
			φ		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Name					
VEEN DANCHT LI					
			P.O. Box Number is Not Acceptable)		
2752 SAM KEEN RD					
LAKE WALES FL 33853 Suite, Apt. #, E		Suite, Apr. #, Ctc.			
	City	y State Zip Code			
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 Date 10/10/0 / REGISTERED AGENT INVESTSIGN					

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 the section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/01

863-692-100

Daytime Phone #