

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # M78740

1. Corporation Name

EXTENDED LIFE FOLIAGE, INC.

Principal Place of Business

335 COMMERCIAL ST
CASSELBERRY FL 32707

Mailing Address

P.O. BOX 150657
ALTAMONTE SPRINGS FL 32715-0657

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

2. New Principal Office Address, If Applicable

1143 E. 30th ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 180607

Suite, Apt. #, etc.

City & State

SANFORD FL 32773

Zip

32773

Country

US

City & State

CASSELBERRY FL.

Zip

32718-0607

Country

US

FILED

97 MAY 29 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1988

5. FEI Number

59-3180868

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DST	WAYNE, BARBARA N.	335 COMMERCIAL ST <u>1143 E. 30th Street</u> <u>Sanford, FL 32773</u>	CASSELBERRY FL
DP	WAYNE, JACK L, JR.	335 COMMERCIAL ST <u>1143 E. 30th Street</u> <u>Sanford, FL 32773</u>	CASSELBERRY FL

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-06/03/97--01105--003
****929.75 ****929.75

JB5 30-97

8. Name and Address of Current Registered Agent

WAYNE, BARBARA N.
~~335 COMMERCIAL ST~~ 1143 E. 30th Street
CASSELBERRY FL 32707 Sanford, FL 32773

9. Name and Address of New Registered Agent

Name BARBARA N. WAYNE
Street Address (P.O. Box Number is Not Acceptable)
191 TRIPLET LAKE DR, SOUTH
Suite, Apt. #, Etc.

City

CASSELBERRY

State

FL

Zip Code

32707

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

Barbara N. Wayne

REGISTERED AGENT MUST SIGN

Date

5/23/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Barbara N. Wayne

5/23/97 407-322-9200

CR2040 (6/95)