

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# M91194

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** AMERSON NURSERIES, INC.

**Current Principal Place of Business:**

% LEROY F. AMERSON  
302 TERRA CEIA RD.  
TERRA CEIA, FL 34250

**New Principal Place of Business:**

**Current Mailing Address:**

% LEROY F. AMERSON  
P O BOX 202  
TERRA CEIA, FL 34250

**New Mailing Address:**

**FEI Number:** 65-0060268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERSON, LEROY F  
302 TERRA CEIA RD.  
TERRA CEIA, FL 34250 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** LEROY AMERSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** AMERSON, LEROY F  
**Address:** 302 TERRA CEIA RD.  
**City-St-Zip:** TERRA CEIA, FL

**Title:** D  
**Name:** AMERSON, BARBARA FINDLE  
**Address:** 112 67TH WEST  
**City-St-Zip:** BRADENTON, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LEROY AMERSON

P

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date