

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005180

1. Corporation Name

WEED & SEED OF ST LUCIE COUNTY, INC.

Principal Place of Business

Mailing Address

921 ORANGE AVE.
FORT PIERCE FL 34950

921 ORANGE AVE.
FORT PIERCE FL 34950

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2002

5. FEI Number

☒ 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
CHRM	ENNS, EDWARD G	921 ORANGE AVE.	FORT PIERCE FL 34950
D	SAVAGE, EUGENE	921 ORANGE AVE.	FORT PIERCE FL 34950
D	MASCARA, KEN	921 ORANGE AVE.	FORT PIERCE FL 34950
S		921 ORANGE AVE.	FORT PIERCE FL 34950
T	EISENBERG, RAY DR	921 ORANGE AVE.	FORT PIERCE FL 34950

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

921 ORANGE AVE.

FORT PIERCE FL 34950

MARY ALICE BENNETT

921 Orange Avenue

Fort Pierce

FL

34950

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. or 617.0505, F.S.

Signature of
Registered Agent

Mary A. Bennett
REGISTERED AGENT MUST SIGN

Date

10/29/03

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)(l), 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
EDWARD ENNS

Date

Daytime Phone #

10/16/03

772-462-2200

FILED

04 MAR 11 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800024412618
02/02/04--01104--019 **175.00

03-04

REINSTATEMENT

800024412618
11/04/03--01054--001 **61.25

CR2E040 (7/03)