

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 93-97 REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

FILED

97 SEP 11 AM 8:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N11240

1. Corporation Name
Allied Orchid & Bromeliad
Exhibitors, Inc.

Principal Place of Business	Mailing Address
	17711 130 Ave N Jupiter, Fla 33478

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9-23-85	
City & State		City & State		5. FEI Number	
Zip		Country		59-27-98-561	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D	Warren Kelly	10885 S.W. 95th St.	Miami, Fla 33176
D	John Sherwood	9360 S.W. 32nd Ct.	Ocala, Fla 32626
D	Nancy Priess	17711 130 Ave N	Jupiter, Fla 33478
			100002292271--9
			-09/12/97--01128--002
			****490.00 ****490.00

8. Name and Address of Current Registered Agent

Nancy Priess
17711 130 Ave N.
Jupiter, Fla. 33478

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 Nancy E. Priess
REGISTERED AGENT MUST SIGN

Date 8-7-97

11. 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.)

12. 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)(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.

NANCY E. PRIESS

SIGNATURE: Nancy E. Priess
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8-7-97 (561) 747-9705
Daytime Phone #

CR2E040 (12/96)