

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

01 DEC -6 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000001008**

1. Corporation Name

THE SEEDINGS FOUNDATION, INC.

2. Principal Office Address

1008 S. PARK AVE

Suite, Apt. #, etc.

City & State

SANFORD, FLORIDA

Zip

32771

Country

SEMINOLE

3. Mailing Office Address

1008 S. PARK AVE

Suite, Apt. #, etc.

City & State

SANFORD, FLORIDA

Zip

32771

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1999

5. FEI Number

59-3558093

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DOUGLAS L. GRABLE

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

1008 S. PARK AVE

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature of Douglas L. Grable]

Date **12-06-2001**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	CECIL A. TUCKER, II	23300 FT. CHRISTMAS RD. (Box 345)	CHRISTMAS, FL 32309
DT	Robert H. Powell	1008 S. PARK AVE	SANFORD, FL 32771
DS	Douglas L. Grable	130 N. HIGH ST.	LAKE MARY, FL 32709
D	SEAN MILROY	1008 S. PARK AVE	SANFORD, FL 32771
D	OGUE Warfield	1008 S. PARK AVE	SANFORD, FL 32771
D	KEVIN LAJEUNESSE	126 TARRYTOWN TR.	LONGWOOD, FL 32750

10. I certify that I am an officer or director of 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.

SIGNATURE: **Douglas L. Grable** SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/06/2001** 407-321-6188
Daytime Phone #

CR2E081 (9/00)