


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000006536

1. Corporation Name

Palm and Cycad Societies of Florida, Inc.

2. Principal Office Address - No P.O. Box #
18455 SW 264 Street

3. Mailing Office Address
18455 SW 264 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip
33031

Country
USA

Zip
33031

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1999

5. FEI Number

65-0976653

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
John DeMott

Street Address (P.O. Box Number is Not Acceptable)
18455 SW 264 Street

Suite, Apt. #, Etc.

City
Homestead

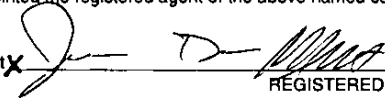
State
FL

Zip Code
33031

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

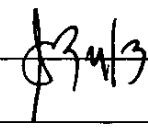


REGISTERED AGENT MUST SIGN

Date

3/27/07

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
P/D	Paul Craft	16745 West Epson Drive	Loxahatchee, FL 33470
VP/D	John DeMott	18455 SW 264 Street	Homestead, FL 33031
ST/D	Christian Faulkner	1015 River Oaks Ct.	Venice, FL 34293
			800096010168 04/08/07--01049--015 **367.50

10. 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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

305-248-5109

Daytime Phone #