

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -7 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 00000000933**

1. Corporation Name

Second Hand Rose Nursery and Landscaping Inc.

2. Principal Office Address

2315 Beach Boulevard

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville Beach

Zip

32250

Country

US

3. Mailing Office Address

2315 Beach Blvd.

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville Beach

Zip

32250

Country

US

REINSTATEMENT

01-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/4/2000

5. FEI Number

59 3421401

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Stoneburner Berry and Simmons P.A.

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

Suite, Apt. #, Etc.

Suite 1400

City

Jacksonville

State

FL

Zip Code

32207

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

Thomas J. Simmons
REGISTERED AGENT MUST SIGN

Date **8-1-06**

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	Henry P. Woodburn	2315 Beach Blvd #203	Jax Bch., FL 32250

500078730655
09/15/06--01043--018 **900.00

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:

Henry P. Woodburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/06
Date

904 246-4555
Daytime Phone #

8/4/06
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement
TIN: 59-3621401

To Whom It May Concern:

Please accept our payment for corporate reinstatement of **Second Hand Rose Nursery & Landscaping, Inc.** Our address had changed and we never received notices for filing the annual reports. We were told by an agent of the Department of State to pay \$900.00, and late charges were to be waived because of the notices not being sent to the correct address.

If there is any additional information needed please contact me at
(904) 246-4555.

Thank you,

Christine Sumner
Office Manager