## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION EOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P00000010775

1. Corporation Name

UNITED FOLIAGE, INC.

Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

Suite, Apt. #, etc.

City & State

265 GEORGETOWN SHORTCUT RD. **GEORGETOWN FL 32139** 

265 GEORGETOWN SHORTCUT RD. GEORGETOWN FL 32139

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

 Date Incorporated or Qualified To Do Business in Florida 01/21/2000 5. FEI Number Applied For

9-362082

Not Applicable

Zip	Country	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee requir- for a Certificate of Status
7. Names	and Street Addresses of Each Officer a	nd/or Director (FI	lorida nonprofit corporations must list at lea	ast 3 directors)		•
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
P	Jay R. Tscha	ine/	23429 N. Tully 1	AS.	Acampo	CA 95220
5/T			23429 N. Tull	1	Acampo,	CA 95220
•						. 1 1
		5- N. b				11,128

8. Name and Address of Current Registered Agent

X Name and Address of New Registered Agent

\*\*\*\*750.00

EASTERLING, KEN 126 LAKE COMO DR. POMONA PARK FL 32181 Huntinaton

Como

Zip Code 3215

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 Age

REGISTERED AGENT MUST SIGN

Date 10/25/01

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)(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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-01 209-367-1224