

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 12 PM 12:23

DOCUMENT # P00000087864

1. Corporation Name

ROSIE'S TREE FARM, INC

2. Principal Office Address - No P.O. Box #

2318 BAY VILLAGE CT

Suite, Apt. #, etc.

3. Mailing Office Address

2318 BAY VILLAGE CT

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

UNITED STATES

Zip

33410

Country

UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2000

5. FEI Number
65-1045509

☐ 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

ROCCIO JOHNSON

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

2318 BAY VILLAGE CT

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of

Registered Agent

Rocco Johnson

REGISTERED AGENT MUST SIGN

Date

11/9/10

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
DPS	ROCCIO JOHNSON	2318 BAY VILLAGE CT	PALM BEACH GARDENS, FL 33410
DV	MICHAEL JOHNSON	2318 BAY VILLAGE CT	PALM BEACH GARDENS, FL 33410

REINSTATEMENT

39-10
B 11/15/10

10. E-mail Address: DRMNS@AOL.COM

(To be used for future annual report notification)

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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

Michael Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/10

Daytime Phone #