PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

APPROVED
AND
FILED

05 APR 20 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/17/05--01027--014 **1358.75

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000090197

1. Corporation Name

STEWART'S GREENHOUSE, INC.

REINSTATEMENT 04-05

2. Principal Office Address		**3.** Mailing Office Address	
2801 Britt Road		Post Office Box 1848	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Mount Dora, Florida		Mount Dora, Florida	
Zip	Country	Zip	Country
32757	USA	32756	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3676964 ☐ 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: G. EDWARD CLEMENT

Street Address (P.O. Box Number is Not Acceptable): 308 East Fifth Avenue

Suite, Apt. #, Etc.:

City: Mount Dora | State: FL | Zip Code: 32757

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: G. Edward Clement Date: 4/18/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	Samuel K. Stewart	P. O. Box 1848	Mount Dora, FL 32756
S/D	Jackie S. Stewart	P. O. Box 1848	Mount Dora, FL 32756

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 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: Jackie Stewart 4/18/05 352.383.8280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #