

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETE


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

REINSTATEMENT 01-05
MRS

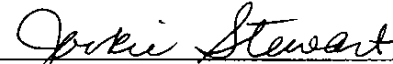
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		P00000090197	
1. Corporation Name STEWART'S GREENHOUSE, INC.			
2. Principal Office Address 2801 Britt Road		3. Mailing Office Address Post Office Box 1848	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Mount Dora, Florida		City & State Mount Dora, Florida	
Zip 32757	Country USA	Zip 32756	Country 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 <input checked="" type="checkbox"/> \$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 	Date 4/18/05
REGISTERED AGENT MUST SIGN	

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: 	4/18/05 352.383.8280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (01/05)