

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 18 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

A TROPICAL NURSERY, INC.  
P00000102901

2. Principal Office Address

27727 177th Ave.

Suite, Apt. #, etc.

City &amp; State

Homestead, FL

Zip

33031

Country

U.S.A.

3. Mailing Office Address

27727 177th Ave.

Suite, Apt. #, etc.

City &amp; State

Homestead, FL

Zip

33031

Country

U.S.A.

4. Date incorporated or Qualified  
To Do Business in Florida

11/1/00

5. FEI Number

65-1078375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐3875 Available for application  
for a new Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan Eckstein, Esquire

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

3010 Flagler Ave.

Suite, Apt. #, Etc.

City

Key West

4000005393864--9

04/30/02-01065--022

\*\*\*750.00 \*\*\*750.00

State  
FLZip Code  
33040

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

REGISTERED AGENT MUST SIGN

Date 4-15-02

ORIGINAL (801)

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
D	Van Holley	27727 177th Ave.	Homestead, FL 33031

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:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 VAN Holley, President 4/11/02 305-2470861  
 Date Daytime Phone #

(H) 305-245 3440

Ans. Mach 305 242 2240

18 4/24/02

ALAN ECKSTEIN

ATTORNEY AT LAW

3010 FLAGLER AVENUE  
KEY WEST, FLORIDA 33040  
TELEPHONE (305) 294-2247  
FACSIMILE (305) 293-9333

April 15, 2002

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

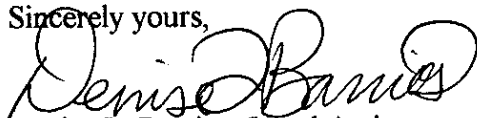
RE: REINSTATEMENT OF "A TROPICAL NURSERY, INC."

Dear Sir or Madam:

Pursuant to my telephone conversation with the reinstatement department of the Division of Corporations, enclosed please find the reinstatement application regarding the above-referenced administratively dissolved corporation along with a check in the amount of \$750.00 made payable to the Secretary of State. I realize that the reinstatement fee is \$900.00, but I was advised by your office that you received a check in the amount of \$150.00 last July which will be applied toward the reinstatement of this corporation.

Thank you for your cooperation and attention to this matter and if you have any questions, please do not hesitate to contact me.

Sincerely yours,



Denise L. Barrios, Legal Assistant  
ALAN ECKSTEIN, ESQ.

:dlb

Enclosures as stated