

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		

DOCUMENT # P00000108447

1. Corporation Name
TERRACON NURSERIES, INC.

2. Principal Office Address - No P.O. Box #
18249 - 131st TERRACE N

Suite, Apt. #, etc.

City & State
JUPITER, FL

Zip **33478**

3. Mailing Office Address
P.O. Box 2766

Suite, Apt. #, etc.

City & State
JUPITER, FL

Zip **33458**

Country **USA**

7. Name and Address of Current Registered Agent

Name **JOSEPH CHARLES BAGLIA, JR.**

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

18249 - 131st TERRACE N.

Suite, Apt. #, Etc.

City **JUPITER**

State **FL**

Zip Code **33478**

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

Joseph C Baglia

REGISTERED AGENT MUST SIGN

Date **✓ 3-16-07**

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	Joseph CHARLES BAGLIA, JR.	18249 - 131st TERRACE N.	JUPITER, FL 33478
D	MORGAN TERTHUNE FISHER	218 GOLFVIEW DRIVE	TEQUESTA, FL 33469
	<i>✓ 3/22</i>		800093214838 04/04/07-01040-002 **750.00

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 contained in Chapter 119, 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:

Joseph C Baglia Pres. 3-16-07 561-743-1129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 MAR 19 AM 11:58

FLORIDA STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2000

5. FEI Number

65-1062939

Applied For
 Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.