

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -2 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000024632

1. Corporation Name

Plants To Go, Inc.
c/o Paul Versluis
2630 Ramsey Drive
Apopka, FL 32703

2. Principal Office Address

23800 Lake Chancellor

Suite, Apt. #, etc.

City & State

Sorrento, FL

Zip

32776

Country

Lake

3. Mailing Office Address

Dr. 2630 Ramsey Drive

Suite, Apt. #, etc.

City & State

Apopka FL

Zip

32703

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3707674

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

Alice Versluis

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

2630 Ramsey Drive

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

Alice Versluis

REGISTERED AGENT MUST SIGN

Date 3/28/2003

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
Pres	Kenneth Harris	4630 Sloewood Ct	Mt. Dora, FL 32757
Sec/Trea	Paul Versluis	2630 Ramsey Drive	Apopka, FL 32703

900015176589
04/02/03--01055--004 **\$300.00

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 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:

Paul Versluis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Versluis, Sec/Trea.

Date

3/28/2003

Daytime Phone #

CR2E081 (10/02)

2/4/3