

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059029

1. Corporation Name

ORIENTAL GARDEN NURSERY, INCORPORATED

2. Principal Office Address

19530 LAKE LINCOLN

3. Mailing Office Address

P.O. Box 399

Suite, Apt. #, etc.

LONE

Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

EUSTIS, FL

Zip

32726

Country

Zip

32727

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3723355

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

YUI CHING HUANG

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

19530 LAKE LINCOLN LANE

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32726

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1-29-2003

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
P.D.	YUI CHING HUANG	19530 LAKE LINCOLN LANE	
		EUSTIS, FL 32726	
		02-03	
		TS	

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]*

YUI CHING HUANG, PRES. 1-29-03 352-589-1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)