

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000019076

FILED  
Apr 02, 2005  
Secretary of State

Entity Name: SIX FLAGS NURSERY SUPPLIES, INC.

## Current Principal Place of Business:

1730 DOGWOOD FOREST WAY  
LAKE MARY, FL 32746

## New Principal Place of Business:

1600 N RONALD REAGAN BLVD  
LONGWOOD, FL 32750

## Current Mailing Address:

1730 DOGWOOD FOREST WAY  
LAKE MARY, FL 32746

## New Mailing Address:

56325 WATER OAK RD  
ASTOR, FL 32102

FEI Number: 37-1419939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAUMEISTER, ERNEST T  
1730 DOGWOOD FOREST WAY  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

SANDERS, MARLO M  
56325 WATER OAK RD  
ASTOR, FL 32102 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARLO SANDERS

04/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAUMEISTER, ERNEST T  
Address: 1730 DOGWOOD FOREST WAY  
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SANDERS, MARLO M  
Address: 56325 WATER OAK RD  
City-St-Zip: ASTOR, FL 32102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLO SANDERS

VP

04/02/2005

Electronic Signature of Signing Officer or Director

Date