

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000066658

**1. Corporation Name**

HEADHUNTER NURSERY, INC.

**2. Principal Office Address**

336 NW 11TH AVE.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33486

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/14/2002

**5. FEI Number**

43-1964863

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

WAYNE HORNE

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

777 E ATLANTIC AVE

Suite, Apt. #, Etc.

SUITE Z-368

City

DELRAY BEACH

State

FL

Zip Code

33483

**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

*Wayne Horne*  
REGISTERED AGENT MUST SIGN

Date

3/30/06

**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
PD	GARY DOYLE	336 NW 11TH AVE	BOCA RATON FL 33486

**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:

*GARY DOYLE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY DOYLE

Date

561-632-7439

Daytime Phone #

February 15<sup>th</sup>, 2006

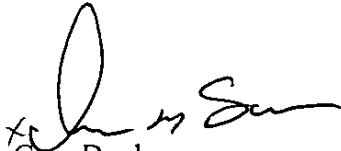
Headhunter Nursery, Inc.  
336 NW 11<sup>th</sup> Ave  
Boca Raton, FL 33486

To Whom It May Concern:

Due to change of Accountant and address, I did not receive annual report notices for my company Headhunter Nursery, Inc. I was not aware of this incident; please apply my check of \$300 to reinstate my corporation.

If need additional information, feel free to contact me @ 561-632-7439. Thanks for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gary Doyle', with a stylized flourish extending to the right.

Gary Doyle  
Owner/Pres.