

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 4:33

DOCUMENT # P02000077124

1. Corporation Name

NATIVE COLOR NURSERY, INC

600117826736
02/12/08--01015--003 **300.00

T.B. 3/3/08

REINSTATEMENT 06-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

13152 BRYAN RD

Suite, Apt. #, etc.

3. Mailing Office Address

13152 BRYAN RD

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FLORIDA

Zip

33470

Country

PALM BEACH

City & State

LOXAHATCHEE, FLORIDA

Zip

33470

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/2002

5. FEI Number
27-0022063

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

DAN VINAYI

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

13152 BRYAN RD

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

☒ 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.

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

Dan Vinayi

REGISTERED AGENT MUST SIGN

Date 02/06/2008

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	DAN VINAYI	13152 BRYAN RD	LOXAHATCHEE, FL 33470

600117826736
03/06/08--01017--023 **150.00

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:

Dan Vinayi DAN VINAYI

02/06/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #