

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000127401**

1. Corporation Name

ACREAGE FLORIST INC

Principal Place of Business

18312 ORANGE GROVE BLVD
LOXAHATCHEE FL 33470

Mailing Address

18312 ORANGE GROVE BLVD
LOXAHATCHEE FL 33470

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

14583 Southern Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

14583 Southern Blvd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2002

5. FEI Number

14-1858944

Applied For

Not Applicable

City & State

Loxahatchee FL

City & State

Loxahatchee FL

Zip

Country

33470

Zip

Country

33470

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	INFATOLINO, JENNIFER	14583 Southern Blvd	LOXAHATCHEE FL 33470
V	FANARO, DAVID	14583 Southern Blvd	LOXAHATCHEE FL 33470

8. Name and Address of Current Registered Agent

KIESLING, ROBERT A
4793 N CONGRESS AVE #206
BOYNTON BEACH FL 33426

9. Name and Address of New Registered Agent

Name

Jennifer Fanaro

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

14583 Southern Blvd

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Jennifer Fanaro
REGISTERED AGENT MUST SIGN

Date **10/27/03**

11. 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:

Jennifer Fanaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

CR2E040 (7/03)

Laf
October 16, 2003

Division of Corporation
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl 32302-1500

Re: Acreage Florist Inc.
P02000127401

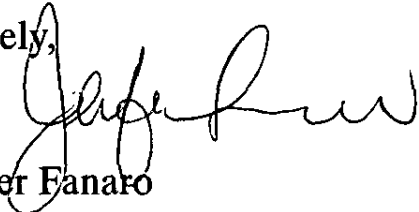
To Whom It May Concern:

As acting director of : Acreage Florist Inc. I'm writing this letter to let authorized persons of the Florida Dept of State know that my corporation did not receive any annual notice due to I have moved with in the year. I understand that writing this letter personally stating my situation allows me to file my 2003 Uniform Business Report document # **P02000127401** along with an enclosed check made out to the Department of State in the amount of \$150.00 fee.

Sorry for the inconvenience, Thank you very much for your time.

If there are any problems please call me at 561-792-3790.

Sincerely,


Jennifer Fanaro