

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 21 PM 3:37

STATE  
TALLAHASSEE, FLORIDA

900103905749  
06/05/07--01028--010 \*\*300.00

**REINSTATEMENT** 06-07  
CR2E081 (1/07)

DOCUMENT # P03000142979  
1. Corporation Name 32B Foliage and Cactus Inc

2. Principal Office Address - No P.O. Box #  
1830 Plymouth-sorrento, PO Box 1027  
Suite, Apt. #, etc.  
City & State AP22KA FL  
Zip Country USA  
3. Mailing Office Address  
N/A  
Suite, Apt. #, etc.  
City & State Plymouth FL  
Zip Country 32768 Orange

4. Date Incorporated or Qualified  
To Do Business in Florida 9/20/1990  
5. FEI Number 58-1927155  
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 Gloria Hampton + Paul Hampton  
Street Address (P.O. Box Number is Not Acceptable)  
3002 Yothers  
Suite, Apt. #, Etc.  
City AP22KA State FL Zip Code 32712

☒ 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   
REGISTERED AGENT MUST SIGN

Date 5-8-07

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	Gloria Hampton	3002 Yothers Rd	Plymouth FL 32768
VP	Paul Hampton	3002 Yothers Rd	Plymouth FL 32768
	75130		

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: (Gloria G. Hampton) 4/12/07 407-886-8552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #