2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000152232

Entity Name: WIRT'S POINT NURSERY, INC.

FILED Jan 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1548 SOUTH HIGHLAND PARK DRIVE 1250 SCENIC HWY

LAKE WALES, FL 33853 BABSON PARK, FL 33827

Current Mailing Address: New Mailing Address:

1548 SOUTH HIGHLAND PARK DRIVE P O BOX 1040

LAKE WALES, FL 33853 BABSON PARK, FL 33827

FEI Number: 20-0667025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERARD, PRISCILLA S 1055 SCENIC HWY.

BABSON PARK, FL 32827 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: PRISCILLA GERARD

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name:MORRISON, DOUGName:MORRISON, DOUGAddress:1548 SOUTH HIGHLAND PARK DRIVEAddress:1250 SCENIC HWYCity-St-Zip:LAKE WALES, FL 33853City-St-Zip:BABSON PARK, FL 33827

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: DOUG MORRISON D 01/14/2005