PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 DEC -2 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/02/10--01031--009 **8.75

200188317412
12/02/10--01031--008 **1200.00

CR2E080 (6/10)

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000152232

1. Corporation Name
Wirt's Point Nursery

2. Principal Office Address - No P O Box #	3. Mailing Office Address
1160 Scenic Hwy	P.O. Box 276
Suite, Apt #, etc	Suite, Apt # etc
City & State: Babson Park, FL	City & State: Babson Park, FL
Zip: 33827 Country: USA	Zip: 33827 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/2003

5. FEI Number: 20-0667025 ☐ 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: Priscilla S Gerard

Street Address (P O Box Number is Not Acceptable): 1055 Scenic Hwy

Suite, Apt # Etc:

City: Babson Park | State: FL | Zip Code: 33827

REINSTATEMENT 07-10

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: Priscilla Gerard
REGISTERED AGENT MUST SIGN

Date: 11-29-10

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	Doug Morrison	1160 Scenic Hwy	Babson Park, FL 33827

A 12/2

10. E-mail Address: DTMI@verizon.net
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 I further certify, 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: Doug Morrison Doug Morrison 11-29-10 863 638-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #