

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
May 23, 2007 8:00 A.M.
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04000014624

1. Corporation Name

NURSERY 44, INC.

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

750 PELICAN BAY DR

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32119

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

11

City & State

11

Zip

11

Country

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
 To Do Business in Florida

1-21-04

5. FEI Number

20-0706733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
 for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

RICHARD K CHURCHMAN, P.A.

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

1255 HESAND AVE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32117

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

Richard K Churchman, CPA
 REGISTERED AGENT MUST SIGN

Date 4-30-07

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
<u>Pres</u>	<u>HAROLD T. BUTTS</u>	<u>750 PELICAN BAY DR</u>	<u>DAYTONA BEACH FL 32119</u>
<u>VP</u>	<u>JEANNE K. BUTTS</u>	<u>11</u>	<u>11</u>

300103125743
 05/28/07-01045-020 **300.00

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:

Harold T. Butts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

386-760-0708

Daytime Phone #

20.6/5

5/20/07

~~5/11/07~~
2/2

SECRETARY OF STATE -

ENCLOSED IS MY CHECK FOR ~~750.00~~ ^{\$ 300.00} TO RE-
INSTATE NURSERY 44, INC., WE NEVER RECEIVED THE RENEWAL
NOTICE; I BELIEVE BECAUSE THEY WERE MAILED TO THE ACTUAL
LOCATION OF THE NURSERY - 3801 E. SR 44, DELAND, FLA 32721.
WE DO NOT GET MAIL THERE, OUR RESIDENCE, 750 PELICAN
BAY DR, DAYTONA BEACH, FLA 32119 IS OUR ONLY MAILING
ADDRESS.

PLEASE ADVISE IF THE CORPORATION IS NOW REINSTATED,
BY PHONE IF POSSIBLE (386-760-0708) OR BY MAIL.

THANKYOU -

Hel Ben