

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P04000028575**

**1. Corporation Name**

Burning Wood Nursery, Inc.

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

5276 Johnston Road

Suite, Apt. #, etc.

**City & State**

Zolfo Springs, FL

**Zip**

33881

**Country**

US

**3. Mailing Office Address**

P. O. Box 231

Suite, Apt. #, etc.

**City & State**

Lake Wales, FL

**Zip**

33859-0231

**Country**

US

**7. Name and Address of Current Registered Agent**

**Name**

Lawrence C. Updike, Sr.

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

68 Mammoth Grove Road

Suite, Apt. #, Etc.

**City**

Lake Wales

**State**

FL

**Zip Code**

33898-7330

**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**

See Attached

REGISTERED AGENT MUST SIGN

**Date** 5/05/09

**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
PD	John C. Updike, Jr.	1434 N. Crooked Lake Drive	Babson Park, FL 33827

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/05/09

Date

(863) 696-1487

Daytime Phone #

FILED

09 MAY -7 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800155628068  
05/07/09--01039--017 \*\*1085.00

REINSTATEMENT 07-09

**4. Date Incorporated or Qualified  
To Do Business in Florida** 2/11/04

**5. FEI Number**  
20-0692121

☐ 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.

2052

~~STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH~~  
~~FOR CORPORATIONS~~

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Burning Woods Nursery, Inc.
2. The principal office address: 5276 Johnston Road (corrected address)  
Zolfo Springs, Florida 33881
3. The mailing address (if different): P. O. Box 231 (NEW)  
Lake Wales, Florida 33859-0231

4. Date of incorporation/qualification: 2/11/2004 Document number: P04000028575

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

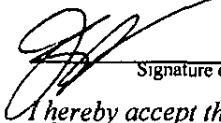
Priscilla S. Gerard  
1000 Scenic Hwy / P. O. Box 1040  
Babson Park, FL 33827

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lawrence C. Updike, Sr.  
68 Mammoth Grove Road  
P.O. Box NOT acceptable  
Lake Wales, FL 33898-7330

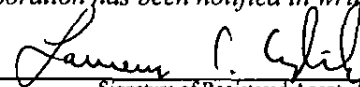
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

John C. Updike, Jr., President  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

May 4, 2009  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)