

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000035360

**Entity Name:** SEMINOLE NURSERIES, INC.

**FILED**  
**Jul 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13370 110TH AVENUE NORTH  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

13370 110TH AVENUE NORTH  
LARGO, FL 33774

**New Mailing Address:**

**FEI Number:** 20-2497257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RIVELLINI, PETER A  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

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

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:** PETER A. RIVELLINI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MOHNEY, ALAN B SR  
**Address:** 13370 110TH AVE N  
**City-St-Zip:** LARGO, FL 33774

**Title:** VP  
**Name:** MOHNEY, ALAN B JR  
**Address:** 13370 110TH AVE N  
**City-St-Zip:** LARGO, FL 33774

**Title:** ST  
**Name:** MOHNEY, ALAN  
**Address:** 13370 110TH AVE N  
**City-St-Zip:** LARGO, FL 33774

I hereby 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 all other like empowered.

**SIGNATURE:** ALAN MOHNEY

ST

07/05/2011

Electronic Signature of Signing Officer or Director

Date