

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000080370

**FILED**  
**Aug 24, 2012**  
**Secretary of State**

**Entity Name:** ESN NURSERY INC

**Current Principal Place of Business:**

4060 WINDOVER WAY  
MELBOURNE, FL 32934 US

**New Principal Place of Business:**

**Current Mailing Address:**

4060 WINDOVER WAY  
MELBOURNE, FL 32934 US

**New Mailing Address:**

**FEI Number:** 32-0260333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NICKEL, EDMUND  
4060 WINDOVER WAY  
MELBOURNE, FL 32934 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:** EDMUND S NICKEL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NICKEL, EDMUND  
**Address:** 4060 WINDOVER WAY  
**City-St-Zip:** MELBOURNE, FL 32934 US

**Title:** VP  
**Name:** NICKEL, EDMUND  
**Address:** 4060 WINDOVER WAY  
**City-St-Zip:** MELBOURNE, FL 32934 US

**Title:** SEC  
**Name:** NICKEL, EDMUND  
**Address:** 4060 WINDOVER WAY  
**City-St-Zip:** MELBOURNE, FL 32934 US

**Title:** TRES  
**Name:** NICKEL, EDMUND  
**Address:** 4060 WINDOVER WAY  
**City-St-Zip:** MELBOURNE, FL 32934 US

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:** EDMUND S NICKEL

Electronic Signature of Signing Officer or Director

PRES

08/24/2012

Date