

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 27 AM 7:49

DOCUMENT # *P 19866*

1. Corporation Name

Lee's Greenhouses Inc.

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

608 Spring Valley Rd.

3. Mailing Office Address

608 Spring Valley Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs

City & State

Altamonte Springs

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

6-28-1988

5. FEI Number

311190978

☐ 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

Richard Morrison

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

608 Spring Valley Road

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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 Lee Morrison

REGISTERED AGENT MUST SIGN

Date

7-26-10

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
<i>P</i>	<i>Richard Morrison</i>	<i>608 Spring Valley Rd.</i>	<i>Altamonte</i>
<i>T</i>			<i>SPRINGS, FL</i>
<i>S</i>			<i>32714</i>
<i>V</i>			
<i>D</i>			
<i>C</i>			

10. E-mail Address: *SAGO2 @ AOL.COM*

(To be used for future annual report notification)

11. 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. 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:

Richard Lee Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-26-10 407-461-9911

Daytime Phone #