PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 27 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P30016**

1. Corporation Name

PLANTS FOR TOMORROW, INC.

Principal Place of Business	Mailing Address
16361 NORRIS ROAD LOXAHATCHEE FL 33470	~~16361 NORRIS ROAD~~ ~~LOXAHATCHEE FL 33470~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 184 LINCOLN STREET
City & State	City & State BOSTON MA
Zip / Country	Zip 02111 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/29/1990

5. FEI Number: 84-1059458 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~PD~~	~~STEVENS, PAUL~~	~~16361 NORRIS RD~~	~~LOXAHATCHEE FL~~
~~SD~~	~~POWER, JOHN~~	~~16361 NORRIS RD~~	~~LOXAHATCHEE FL~~
D	CALENDRELLA, STEVEN	~~16361 NORRIS RD~~ 1745 NORTHRIDGE DRIVE	~~LOXAHATCHEE FL~~ COLORADO SPRINGS, CO 80907
PD	DUKE, David W.	184 LINCOLN STREET	BOSTON, MA 02111
			500002018785--7 -12/04/96--01001--012 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

PORATH, ANN, ESQ.
12773 W. FOREST HILL BLVD., SUITE 209
~~WEST PALM BEACH FL 33414~~
WELLINGTON, FL 33414

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11/21/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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 REQUIRED 11-24-96 (407) [redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID W. DUKE, PRESIDENT

CR2E080 (1/96)