

FROM : CARLSON & WILLIAMS

PHONE NO. : 3052421456

Jan. 29 1999 04:02PM P1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 MAR 17 AM 11:09 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P93000033176 (7)					
1. Corporation Name Charene Nursery, Inc.					
Principal Place of Business 26581 S.W. 157 Ave. Homestead, FL 33031			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5/06/93 5. FEI Number 65-0404035 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres.	Tracy Smith	26581 S.W. 157 Ave.	Homestead, FL 33031		
8. Name and Address of Current Registered Agent Tracy Smith 26581 S.W. 157 Ave. Homestead, FL 33031			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Etc. City State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S. Signature of Registered Agent Tracy Smith Date 3/15/99 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), 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: Tracy C. Smith 2/03/99 (305) 248-3758 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					