

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000050035 1. Entity Name HORTICULTURE PLUS, INC.					
Principal Place of Business 6170 69TH ST VERO BEACH FL 32967			Mailing Address 6170 69TH ST VERO BEACH FL 32967		
2. Principal Place of Business 6170 69th street			3. Mailing Address 6170 69th street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Vero Beach FL			City & State Vero Beach, FL		
Zip 32967			Country Indian River		
4. FEI Number 59-3196119			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent DOYLE, GARY C 6170 69TH ST VERO BEACH, FL 32967		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: <i>Gary Doyle</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 9-07-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOYLE, GARY C. 6170 69TH STREET VERO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gary Doyle</i> GARY C. Doyle 9-07-05 402-567-5675 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
 SEP 12 AM 8:59
 TALLAHASSEE, FLORIDA
 05 SEP 12 AM 8:59
 TALLAHASSEE, FLORIDA
 04-05
 T. Roberts SEP 14 2005



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