

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 12 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050035**

1. Corporation Name

Horticulture PLUS, INC.

200134597612
19/08--01024--011 **450.00

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

6170 69th Street

Suite, Apt. #, etc.

3. Mailing Office Address

6170 69th Street

Suite, Apt. #, etc.

City & State

VERO Beach, FL

Zip

32967

Country

USA

City & State

VERO Beach, FL

Zip

32967

Country

USA

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/93

5. FEI Number

59-3196119

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

GARY C. DOYLE

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

6170 69th Street

Suite, Apt. #, Etc.

City

VERO Beach

State

FL

Zip Code

32967

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

(Hurricane area 2004 @ 2005)

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

GARY C. DOYLE

REGISTERED AGENT MUST SIGN

Date **8/01/08**

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
P T	GARY C. DOYLE	6170 69th Street	VERO Beach, FL 32967

10. 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 contained in Chapter 119, 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:

GARY C. DOYLE (GARY C. DOYLE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/08

Date

772-567-5625

Daytime Phone #