## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		Sandra B. Mirth Secretary of Statistics of Statistics of Statistics of Corporation of Corporation (Statistics)	nam ate		FILED	
DOCUMENT # P93000085700  1. Corporation Name Seminole Foliage Nursery, Inc.				96 NOV -7 AM II: 35  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business  4022 Rex Road Winter Garden, FL	Mailing P.O. Win	Address Box 7712 ter Garden	74 , fl 347	, REIN	ISTATEMENT 94 96	
If above addresses are incorrect in any way, tine through incorrect information and enter correct.  New Principal Office Address, If Applicable  3. New Mailing Address, If Applicable				ection below.  DO NOT WRITE IN THIS SPACE  4. Date incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suit City & State City		ot. #, etc.		5. FEI Number   Applied For   Symptomic   Not Applied For   Not Applied For   Not Applied For   Not Applicable   Not Applicab		
Zip Country Zip		Country	6.		TE OF STATUS DESIRED D	
7. Names and Streel Addresses of Each Officer and/or Director (Florida Title(s) 1 2 Name of Officers and/or Directors 1		Stre	Street Address of Each Officer and/or Director		Chy/State/Zip	
P George McMillan		P.O. Bo	P.O. Box 771274		Winter Garden, FL 34777	
		4082	/(EX /(L	<u></u>	Wivited Gardan, EL 34787	
			01	000020033700		
				11/13/36-01156-016 ****775.00 *****775.00		
				,	VB1890	
8. Name and Address of Current Registered Agent George McMillan			Name	9. Name and	Address of New Registered Agent	
4022 Rex Road	3478 <b>7</b>		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #. Etc.			
		City	City State Zip Code			
10. I, being appointed the registered agent of the Signature of Registered Agent	above named cor	rporation, am familiar w ACMICOS IGENT MUST SIGN	ith and accept the c	obligations of Sec	ction 607.0505, F.S.  Date	
1. Does this corporation part Dept. of Revenue under	ay any intan S. 199.032	ngible tax to the	ie utes. Yes	X No	(See other side for information on intangible tax.)	
12. I do hereby certify that the information supplease the Division of Corporations from any certify that I am an officer or director or the this reinstatement application the reason to fees owed by the corporation have been punder oath.	blied with this filing is liability of non-compressiver or trustee and. The information	is voluntarily furnished pliance with Section 11 empowered to execute een eliminated, the con- n indicated on this app	and does not quality 9.07(3)(k) in the ey sinis application at porate name satisfication is true and	ly for the exemption that the Information in the Information is provided for in close the requirement accurate, and my	tion stated in Section 119.07(3)(k), Floride Statutes: re- mation supplied is deemed exempt from public access; chapter 607 or 617, F.S. I further certify that when filling nents of section 607.0401 or 617.0401; F.S., and that all my signature shall have the same legal effect as it made:	
SIGNATURE SIGNATURE AND TYPED	A PRINTED NAME O	★ GEO/9E IF BIGHING OFFICEN OR	DIRECTOR PC	<u>r Kria v</u>	Date Deytime Phone 8	