

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

\$1080.00

DOCUMENT #

1. Corporation Name **PLANTASTIC Corp.**

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Principal Place of Business Mailing Address

1010 Jeffery ST
 Boca Raton FL 33487

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

2. New Principal Office Address, If Applicable 737 NE 70th ST Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida May 27, 1994	
City & State Boca Raton FL		City & State		5. FEI Number 65-0498203	
Zip 33487		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
P/O	Geoffrey D. Liddy	737 NE 70th ST	Boca Raton FL 33487
D	Ralph T. Woolbright	29681 Preston Drive	Laguna Niguel CA 92677
D	Stanley R. Bernstein	156 Walt Whitman Blvd	Cherry Hill NJ 08003

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8. Name and Address of Current Registered Agent

Geoffrey D. Liddy
 1010 Jeffery ST
 Boca Raton FL 33487

9. Name and Address of New Registered Agent

Name: Geoffrey D. Liddy
 Street Address (P.O. Box Number is Not Acceptable): 737 NE 70th ST
 Suite, Apt. #, Etc.:
 City: Boca Raton
 State: FL Zip Code: 33487

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

Geoffrey D. Liddy

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey D. Liddy

Date

Daytime Phone #

561-994-0285

CR20040 (12/96)