


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 NOV 26 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000002985**

1. Corporation Name  
**ORANGE RIVER NURSERY, INC.**

Principal Place of Business <b>4080 ORANGE RIVER LOOP ROAD FT. MYERS FL 33905</b>	Mailing Address <b>4080 ORANGE RIVER LOOP ROAD FT. MYERS FL 33905</b>
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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
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4. Date Incorporated or Qualified To Do Business in Florida <b>01/09/1995</b>	
5. FEI Number <b>65-0558880</b>	Applied For Not Applicable
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	4 City / State / Zip
D	OLSEN, JAMES R	4080 ORANGE RIVER LOOP ROAD	FT. MYERS FL 33905
D	MOELLER, GREGG	4080 ORANGE RIVER LOOP ROAD	FT. MYERS FL 33905
D	MOELLER, CHRIS	4080 ORANGE RIVER LOOP ROAD	FT. MYERS FL 33905

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\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

**OLSEN, JAMES R**  
**4080 ORANGE RIVER LOOP ROAD**  
**FT. MYERS FL 33905**

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  
**FL**

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 \_\_\_\_\_ Date **11/21/01**

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

11. 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: **JAMES R OLSEN** Date **11/21/01** Daytime Phone # **941-693-0258**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)