

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVE.  
AND  
FILED

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JUN 26 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021933

1. Corporation Name

PLANT MAGIC INC

2. Principal Office Address

571 NAPOLEON LANE

Suite, Apt. #, etc.

City & State

LAKE MARY FL

Zip

32746

Country

SEMINOLE

3. Mailing Office Address

P.O. BOX 950576

Suite, Apt. #, etc.

City & State

LAKE MARY FL

Zip

32795-0576

Country

SEMINOLE

**REINSTATEMENT** 05-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/17/95

5. FEI Number

59-3303108

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

JANETTE COTTON

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

571 NAPOLEON LANE

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

Date

REGISTERED AGENT MUST SIGN

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
PSD	JANETTE COTTON	571 NAPOLEON LANE	LAKE MARY FL 32746

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:

*Janette Cotton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 20 06 407 463 8010  
Date Daytime Phone #

212

# Plant Magic, Inc.

571 Napoleon Lane • Lake Mary, FL 32746  
(407) 322-1020

I changed my mailing address so for the  
past 2 yrs. I did not receive a letter  
or notice. Note my new address?

Thank you,

Sincerely,

Janette Cerón

Plant Magic  
PO Box 950576  
Lake Mary, FL 32795