

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081827

1. Corporation Name

MCCURDY NURSERY, INC.

Principal Place of Business

24900 SOUTHWEST 197TH AVENUE
HOMESTEAD FL 33031

Mailing Address

24900 SOUTHWEST 197TH AVENUE
HOMESTEAD FL 33031

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

4. Date Incorporated or Qualified
To Do Business In Florida

10/24/1995

5. FEI Number

65-0629546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
PD	SAGE, THOMAS E	14011 SOUTHWEST 85TH AVENUE	MIAMI FL 33158
VD	MCCURDY, ROBERT	12975 SOUTHWEST 192ND STREET	MIAMI FL 33177
STD	SAGE, VIRGINIA L	14011 SOUTHWEST 85TH AVENUE	MIAMI FL 33158
T	MCCURDY, DEBORAH	12975 SW 192 ST	MIAMI FL 33177

REINSTATEMENT

97
SCC 11-6-97

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name Virginia SAGE
Street Address (P.O. Box Number is Not Acceptable)
14011 SW 85 Ave
Suite, Apt. #, Etc. 300002344773-0
City Miami
Date 11/2/97
FL 33158

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

Virginia SAGE
REGISTERED AGENT MUST SIGN

Date 11/2/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Thomas E SAGE 11/2/97 305 3781819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC00 (9/97)