

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000081827

1. Corporation Name

MCCURDY NURSERY, INC.

Principal Place of Business

Mailing Address

24900 SOUTHWEST 197TH AVENUE
HOMESTEAD FL 33031

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

same

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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	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
			600003118206--9 -02/01/00--01086--004 ****900.00 ****900.00
			REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

SAGE, VIRGINIA
14011 SW 85TH AVE.
MIAMI FL 33158

9. Name and Address of New Registered Agent

Name Deborah McCurdy
Street Address (P.O. Box Number is Not Acceptable)
8480 S.W. 140 ST.
Suite, Apt. #, Etc.
City Miami State FL Zip Code 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

Deborah McCurdy
REGISTERED AGENT MUST SIGN

Date

1/20/00

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:

Deborah McCurdy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah McCurdy - T.

Date

Daytime Phone #

1/20/00 3053788242

CR2E040 (8-99)