

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAR 21 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 950060 82300

1. Corporation Name

OUTBACK NURSERIES, INC

000003913160--2  
-03/28/01--01009--012  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

110 Williams Road

Suite, Apt. #, etc.

3. Mailing Office Address

"Same"

Suite, Apt. #, etc.

City & State

Lake Placid, FL

Zip

33850

Country

HIGHLANDS

City & State

" "

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/85

5. FEI Number

65-0629956

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

Mark A. Perry

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

50 S.E. Fourth Ave.

Suite, Apt. #, Etc.

City

Delray Beach

State  
FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date 3/19/01

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
Pres.	Michael J. Reimondi	309 Lake Blue Drive	Lake Placid, FL 33852
Sec/Treas	Delores A. Reimondi	509 Lake Blue Drive	Lake Placid, FL 33852
			SP

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 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:

Delores A. Reimondi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

863 699-0559

Daytime Phone #

CR2E081 (9/00)



# **OUTBACK NURSERIES, INC.**

**160 WILLIAMS ROAD  
LAKE PLACID, FLORIDA 33852-8378**

**PHONE (863) 699-6900**

**FAX (863) 699-9785**

**(800) 591-3320**

February 22, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*In dispute of this dissolution of our corporation, I called your offices to explain that I never received the renewal papers for the fact that we moved our nursery business to central Florida at the end of the year 1999. Despite the move we still owed our home at 5154 Oak Hill Drive, Delray Beach, FL 334485, until March of 2000. We had our mail forwarded from our residential address active January 2000 and still we never received the renewal. Finally I found out that our business registration had been dissolved by our attorney, who had his address on the original set up documents. In the past since our incorporation we had always paid the renewal fee punctually, this was overlooked only because I received no notice. Also we had our mail forwarded for one year plus we asked for a 6 month extension over that, so we really tried to safe guard our business so we would received all our mail until our new address was reported to everyone.*

*Thank you for your time in this matter.*

Sincerely,

*Delores A. Raimondi*

Delores A. Raimondi, Sec./ Treas.  
Outback Nurseries, Inc.