

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Beverly S. Harter, Secretary
DIVISION OF CORPORATIONS

50 MAY 28 AM 10:20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA160000055328

1. Corporation Name
Horticultural Services of Central Florida

Principal Place of Business Mailing Address
4211 North Orange Blossom Trail E-1
Orlando Fl. 32804

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>6/27/96</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>593392809</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	<u>Donald W. Giffin JR.</u>	<u>4445 Fountainview Ln #521</u>	<u>Orlando Fl. 32808</u>

800002898149--7
-06/08/99--01050--015
****465.00 ****465.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Joseph W Thomas II
Street Address (P.O. Box Number is Not Acceptable)
950 S. Winter Park Drive
Suite, Apt. #, Etc.
Suite 112
City Casselberry State FL Zip Code 32707

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 5/21/99

11. This corporation owes 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 617.0-01, 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/99 (45) 532-9222
Date (Typed) Phone #

CR2001 (1/2-98)



HORTICULTURAL SERVICES
Of Central Florida Inc.
4211 N. Orange Blossom Trail, Suite E-1
Orlando, FL 32804
(407) 532-9222 Office Phone
(407) 769-4688 Beeper
(407) 532-1905 Fax

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May 10, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314
RE: P96000055328
To Whom It May Concern:

Horticultural Services of Central Florida, Inc. has been incorporated with the State of Florida since June 27, 1996. In regards to your request taken by: yfisher on 05-05-99. We were uniformed about the forms to be filed with Division of Corporations. Please find inclosed to the amount of \$465.00 To Be Paid In Full.

If there is any questions regarding this matter, please don't hesitate to phone me at any of the above numbers.

Sincerely,

Donald W. Giffin, Jr.
President

Letter #:299A00018582

cc: Joseph W. Thomas
950 S. Winter Park Drive
Suite 112
Casselberry, Fl 32707