

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jeffrey B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB -1 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060266

1. Corporation Name

WINDMILL NURSERY, INC.

Principal Place of Business

3191 S KANNER WAY
STUART FL 34995
US

Mailing Address

3191 S KANNER WAY
STUART FL 34995
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1996

5. FEI Number

65-0684474

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	TAYLOR, ROGER L	6531 SE FEDERAL HWY 3191 S Kanner Way	STUART FL 34997

000002770860-1
-02/10/99-01003-005
****300.00 ****300.00

8. Name and Address of Current Registered Agent

TAYLOR, ROGER L
3191 S KANNER HWY
STUART FL 34995

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date

561-283-1553
Daytime Phone #

CR2040 (9/98)

2

November 13, 1998

Windmill Nursery, Inc.
3191 S. Kanner Highway
Stuart, FL 34997

Division of Corporations
Annual Report/ Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

RE: Document # P96000060266

Dear Sir or Madam:

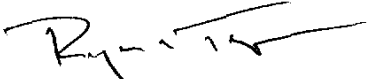
I am responding to your Notice of Administrative Dissolution of Revocation, which I received in the mail today.

To my knowledge this is the first notice I have received from the Department of State in regard to this corporation. I am asking you to abate the penalty for late filing and reinstate my corporation to active status.

I am enclosing a check in the amount of \$150.00, to cover the annual filing fee. If this is not appropriate please contact me so that we may correct this situation and return this corporation to the active status.

Thank you for your time and consideration in this matter.

Sincerely,



Roger L. Taylor,
Director