PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

'filed

01 JAN 11 PM 4: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000060266

1. Corporation Name

WINDMILL	NURSERY	/, INC.
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			1 7 7 11			
Principal Pla	ace of Business	Mailing Address	401	>		
3191 S KA	NNER WAY	3191 S KANNER WAY	11.		i	
STUART F	L 34995	STUART FL 34995				
US		US ,			. ***	
.,,	14		R	EINSTATEMEN	T MAN	
2 New Prin	cipal Office Address, If Applicable	, line through incorrect information and ente				
Z. NOW FILL	icipal Office Address, if Applicabl	e 3. New Mailing Office Address,	1	ate Incorporated or Qualified Do Business in Florida	and the same of the same of	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		07	//17/1996	
575			ItIN HWY. 5. FE	El Number	Applied For	
City & State		Sity & State		65-0684474	Not Applicable	
Zip	Country	Zip Cour	itry / 6.	\$8.75	Additional Fee required	
		34990	$\mathcal{U}.5$ AJ. CE	ERTIFICATE OF STATUS DESIRED []	a Certificate of Status	
7. Names a	nd Street Addresses of Each Off	cer and/or Director (Florida nonprofit corpo	rations must list at least 3 dire	ectors)		
	Name of Offi	cers S	treet Address of Each			
Title(s) and/or Directors		3	Officer and/or Director	City / State / Zip		
D TAYLOR, ROGER L		3191 S. KANN	IED WAV	STUART FL 34997		
		0191 0: 104141	ILII WAI	310ART FL 34997	510AR1 FL 34997	
						
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				- 9000036021 -01/30/0101	1076019	
				****150.00	****150.00	
				1ന്നവാടനോട	3210	
				- 17 -01/30/0101	100036026218 -01/30/0101076020	
			···	****750.00	****750.00	
8. Name and Address of Current Registered Agent			9. Nar	me and Address of New Registered Ag	ent	
and the second s		Name = -	The state of the s			
TAYLO	R, ROGER L					
3191 S KANNER HWY		Street Address (P.O. Box Number is Not Acceptable)				
STUART FL 34995		Suite, Apt. #, Etc.				
OTOMIT PE 34883			5 to 1 to			
			City		Zip Code	
10. I. being s	annointed the registered agent of	the above named corporation, am familiar v	with and assess the shift	FL FL		
	-promited the registered agent of	the above named corporation, am familiar v	viui and accept the obligations	3 or Section 607.0505, F.S.		
Signature of Registered A	gent / \			Date 1/8 2	9 93	
		REGISTERED AGENT MUST SIGN	<u> </u>	_ Date 10 a		
			v			
11. I certify th	iat Lam an officer or director or th	a receiver or trustee empowered to execut	ع السائي من من مستقوم المحم منطق			

1. 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

12 W 2000 Date 56-219-4676