

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -8 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000060266*

1. Corporation Name
WINDMILL NURSERY, INC.

W06-21879

2. Principal Office Address
Post Office Box 567

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Canal Point, Florida

City & State

Zip
33438

Country

Zip

Country

REINSTATEMENT
CR2E081 (12/05)

04-06

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/17/1996

5. FEI Number
650684474

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
Roger L. Taylor

Street Address (P.O. Box Number is Not Acceptable)
~~Post Office Box 567~~ *13198 N. Hwy 441*

Suite, Apt. #, Etc.

City
Canal Point

State **Zip Code**
FL 33438

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date *4/28/06*

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
D	Roger L. Taylor	Post Office Box 567	Canal Point, FL 33438
			600076258578 06/16/06--01015--016 **1050.00

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 contained in Chapter 119, 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] *ROGER L TAYLOR*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 *772-260-5572*
Date Daytime Phone #