


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000060266</b> 1. Entity Name <b>WINDMILL NURSERY, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 567</b> <b>CANAL POINT, FL 33438 US</b>			Mailing Address <b>POST OFFICE BOX 567</b> <b>CANAL POINT, FL 33438 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address  Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent  <b>TAYLOR, ROGER L</b> <b>13198 N. HWY. 441</b> <b>CANAL POINT, FL 33438</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TAYLOR, ROGER L</b> <b>POST OFFICE BOX 567</b> <b>CANAL POINT, FL 33438</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">             U000000779921              01/14/08-80001-017 158.75           </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12192007 REIN-P CR2E098 (1/07)

4. FEI Number **65-0684474**  
 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debiting Phone #