

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061476

1. Corporation Name
COASTAL & NATIVE PLANT SPECIALTIES, INC

Principal Place of Business
5451 OGLESBY ROAD
MILTON, FL 32570

Mailing Address
600 SCENIC HWY, SUITE 223
PENSACOLA, FL 32503

REINSTATEMENT

98

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/29/96	
City & State		City & State		5. FEI Number	
Zip		Zip		59-338-5567	
Country		Country		Applied For	
				Not Applicable	
				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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JOHN C. HOVANESIAN	5451 OGLESBY ROAD MILTON, FL 32570	MILTON, FL 32570
SIT	ARCHIBALD HOVANESIAN, JR	600 SCENIC HWY SUITE 223 PENSACOLA, FL	PENSACOLA, FL 32503
			3000002723809--7 -12/28/98-01128-001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

Atty ARCHIBALD HOVANESIAN, JR
600 SCENIC HWY
Suite 223
PENSACOLA, FL 32503

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 Date 12-16-98
REGISTERED AGENT MUST SIGN

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
ARCHIBALD HOVANESIAN, JR

Date

Daytime Phone #

12-16-98 850-436-4461