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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 13 AM 8:29

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000444 35

1. Corporation Name

Total Foliage Plant
Leasing

600082522506
12/13/06--01049--014 **1200.00

REINSTATEMENT 49-06

CR2E081 (12/05)

2. Principal Office Address

379 NW 47 CT

Suite, Apt. #, etc.

3. Mailing Office Address

379 NW 47 CT

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip

33309

Country

USA

City & State

Oakland Park, FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-16-97

5. FEI Number

65-0751314

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

Sidney Schatz

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

379 NW 47 CT

Suite, Apt. #, Etc.

City

Oakland Park

State

FL

Zip Code

33309

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

Sidney Schatz

REGISTERED AGENT MUST SIGN

Date 12-11-06

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
P	Sidney Schatz	379 NW 47 CT	Oakland Park, FL 33309

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:

Sidney Schatz Sidney Schatz

Date

12-11-06

Daytime Phone #

954 772-0809

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TOTAL FOLIAGE
379 NW 47TH CT
FORT LAUDERDALE FLORIDA
33309
954-772-0808
foliaget@bellsouth.net

Total Foliage Plant Leasing did not receive the annual report notices in the year of dissolution.

Thank you,  Sid Schatz, President