

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 15 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062000

1. Corporation Name

Horticultural Services of Boca Grande Inc

REINSTATEMENT 07-11

800210037208
07/15/11--01030--004 **1050.00
CR26081 (11/10)

2. Principal Office Address - No P.O. Box #

200 Lakeview Lane

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 868

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Boca Grande, FL

Zip

34223

Country

Charlotte

Zip

33921

Country

Charlotte

**4. Date Incorporated or Qualified
To Do Business in Florida**

07-16-1997

5. FEI Number

65-D772064

☐ 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

Woodrow E. Thayer

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

200 Lakeview Lane

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34223

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

Woodrow E. Thayer

REGISTERED AGENT MUST SIGN

Date July 13, 2011

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	Thayer, Woodrow	200 Lakeview Lane	Englewood, FL 34223
V	Smith, Saul	200 Lakeview Lane	Englewood, FL 34223
S	Thayer, Diane	200 Lakeview Lane	Englewood, FL 34223

10. E-mail Address: smitty@barcos1040.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Woodrow E. Thayer Woodrow E. Thayer 7-13-2011 941-474-9371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #