

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024440

1. Corporation Name
TOUCH OF DUTCH NURSERIES, INC.

Principal Place of Business
641 MCDONNELL DRIVE
TALLAHASSEE FL 32312

Mailing Address
641 MCDONNELL DRIVE
TALLAHASSEE FL 32312
32310-4807.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2678 Old Salem Rd
Suite, Apt. #, etc.
City & State
Havana, FI
Zip
32333 Country
USA

3. New Mailing Office Address, If Applicable
P.O. Box 1212
Suite, Apt. #, etc.
City & State
Tallahassee, FI
Zip
32302 Country
USA

FILED
01 OCT 30 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida
03/16/1998

5. FEI Number
59-3501512

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KOELEMIJ, JOHN J JR	641 MCDONNELL DRIVE	TALLAHASSEE FL 32312 32310
D	KOELEMIJ, KAREN ANN	641 MCDONNELL DRIVE	TALLAHASSEE FL 32312 32310
D	KOELEMIJ SR, JOHN J	641 MCDONNELL DRIVE	TALLAHASSEE FL 32312 32310

300004688213--7
-11/20/01--01006--011
***150.00 ***150.00

8. Name and Address of Current Registered Agent
GEEKER, VAN P
245 S MONROE ST
SUITE 705
TALLAHASSEE FL 32301 32308

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

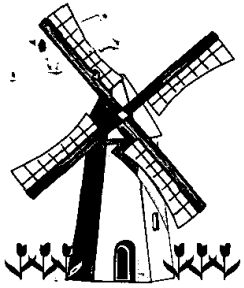
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Date 10/15/01

REGISTERED AGENT MUST SIGN

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., 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: John J Koelermij Sr.
Date 10/15/01 Daytime Phone # 850 222-5262



- Please Do NOT Remove -

Touch of Dutch Nurseries, Inc.

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October 15, 2001

Florida Department of State
Division of Corporation
Post Office Box 6327
Tallahassee, FL 32314

RE: Reinstatement
#P98000024440
Touch of Dutch Nurseries, Inc.

Gentlemen:

We enclose the above referenced document as well as the penalty fee for reinstatement in the amount of \$750.00; however, we do so under protest, which is based upon the fact that we never received the two notices at the old address of 641 McDonnell Drive, Tallahassee, FL 32310-4807.

Please change your records as indicated on the form to prevent reoccurrence.

It is unfair to penalize in such amounts without being obligated to provide proof of mailing.

Touch of Dutch Nurseries, Inc.

John J. Koelmeij
JOHN J. KOELEMIJ, Director

JJK/j

Encl.

Cc: Van P. Geeker, ESQ.