

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAY -9 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA98000057882**

1. Corporation Name  
TAYTREE NURSERY OF THE PALM BEACHES, INC.

2. Principal Office Address 12740 US HWY 441		3. Mailing Office Address PO BOX 764	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CANAL POINT, FLORIDA		City & State CANAL POINT, FLORIDA	
Zip 33438	Country US	Zip 33438	Country US

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 1998	
5. FEI Number 65-0860643	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name ROGER L. TAYLOR	200054904362	
Street Address (P.O. Box Number is Not Acceptable) 12740 US HWY 441	05/20/05--01018--001 **450.00	
Suite, Apt. #, Etc.		
City CANAL POINT	State FL	Zip Code <del>33438</del> 33438

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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
DP	TAYLOR, ROGER L.	PO BOX 764	CANAL POINT, FL 33438

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 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] Date 5/3/05 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED81 (01/05)

**TAYTREE NURSERY OF THE PALM BEACHES, INC.**  
**P.O. Box 764**  
**Canal Point, Florida 33438**

May 2, 2005

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Reinstatement of TAYTREE NURSERY OF THE PALM BEACHES, INC.

Dear Sir/Madame:

Thank you for your consideration of waiving the re-instatement fee of my corporation. This is a true statement: I did not receive the notice from Division of Corporations to file Annual Report. Enclosed with my correspondence is a check in the amount of \$450.00, which will pay my 2003, 2004 and 2005 Annual Report Fee. Also, enclosed please find the completed application to reinstate.

Very Truly Yours,



Roger Taylor  
Director

Enclosures

Mailing address of Corporation: TAYTREE NURSERY  
OF THE PALM BEACHES, INC.  
P.O. Box 764  
Canal Point, Florida 33438

Please return copy to: TAYTREE NURSERY  
OF THE PALM BEACHES, INC.  
c/o Donia A. Roberts, Esquire  
1100 North Main Street, Suite C  
Belle Glade, Florida 33430