

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000057882

1. Corporation Name

TAYTREE NURSERY OF THE PALM BEACHES, INC.

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

13198 U.S. HWY 441

Suite, Apt. #, etc.

City & State

Canal Point, FLORIDA

Zip

33438

Country

USA

3. Mailing Office Address

P.O. Box 567

Suite, Apt. #, etc.

City & State

Canal Point, FLORIDA

Zip

33438

Country

USA

REINSTATEMENT

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/26/98

5. FEI Number

650860643

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

Roger L. Taylor

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

13198 U.S. Highway 441

Suite, Apt. #, Etc.

City

Canal Point

State

FL

Zip Code

33438

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

REGISTERED AGENT MUST SIGN

Date

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
D P	Roger L. Taylor	13198 US Hwy 441	Canal Point, FL 33438
V	Rosalie Bollen	13198 US Hwy 441	Canal Point, FL 33438

600113463706
12/28/07--01009--011 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger L. Taylor

Date

(772) 260-5372

Daytime Phone #

2/2

TAYTREE NURSERY OF THE PALM BEACHES, INC.
13198 U.S. HIGHWAY 441
CANAL POINT, FLORIDA 33438
(772) 260-5372

December 26, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporate Reinstatement – Taytree Nursery of the Palm Beaches, Inc.
Document No. P98000057882
Request for Fee Waiver

Dear Sir/Madam:

This serves to substantiate Taytree Nursery of the Palm Beaches, Inc. request for waiver of the Reinstatement Fee.

Any notices that may have been sent were not received by the corporation. This may have been due to an outdated mailing address. I have since corrected same as evidenced by the attached reinstatement application.

Your kind cooperation herein is greatly appreciated.

Very truly yours,

Roger L. Taylor

Roger L. Taylor
President and Registered Agent