

APPLICATION
FOR
REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000097789

CAPTIVE PLANTS, INC.

Mailing Address

~~750 EAST KEENE ROAD~~ P.O. BOX 808
~~APOPKA FL~~
SORRENTO, FL 32776

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/20/1998

5. FEI Number

Applied For

59-3545125

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)

Name of Officers
and/or Directors

Street Address of Each Officer and/or Director

City / State / Zip

PRES.	GARY D. CHARLTON	1236 LAVENHAM CT.	APOPKA, FL. 32712
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-11/02/99--01051--009

***750.00 ***750.00

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

REGISTERED AGENT MUST SIGN

Date 10-19-54

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 807 or 817, 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 807.0401 or 817.0401, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #