

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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11/21/02--01105--008 **150.00



DOCUMENT # P99000048487

1. Corporation Name

PLANT THIS, INC.

Principal Place of Business

Mailing Address

2451 MCMULLEN BOOTH RD. SUITE 310
CLEARWATER FL 33759

2451 MCMULLEN BOOTH RD. SUITE 310
CLEARWATER FL 33759

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1999

5. FEI Number

59-3626419

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CALLAHAN, SUSAN A	2451 MCMULLEN BOOTH RD, SUITE 31	CLEARWATER FL 33759

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALLAHAN, SUSAN A
2451 MCMULLEN BOOTH RD, SUITE 310
CLEARWATER FL 33759

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Susan A Callahan REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-7-2002

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:

Susan A Callahan PERSONAL REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-7-02 227-726-1502

Daytime Phone #

**Plant This, Inc.
2451 McMullen Booth Road
Suite 310
Clearwater, FL 33759**

November 7, 2002

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

**Re; Plant This, Inc.
Document #: P99000048487**

Dear Sir:

Enclosed is an executed corporate reinstatement form along with a check for \$150. I am sending this after phone discussions with a representative from your office explaining that we had never received any renewal form.

We have had problems with mail delivery in this building and did not receive the original notices.

Thank you for your assistance and understanding with this matter. Should you need anything further, please contact me.

Sincerely,



Susan Callahan
President

Enclosure