PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1482

CORPORATION [redacted]

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

FILED
02 FEB -4 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107603

1. Corporation Name
TRAilside NURSERY INC

2. Principal Office Address
PO Box 8116
Suite, Apt. #, etc.
City & State: LARGO FL
Zip: 33775 Country: PINELLAS

3. Mailing Office Address
PO Box 8116
Suite, Apt. #, etc.
City & State: LARGO FL
Zip: 33775 Country: PINELLAS

2001-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida: 01-01-00

5. FEI Number: 59 3441017 ☐ 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: Delight M. Costello
Street Address (P.O. Box Number is Not Acceptable): 2563 FNDICO DR
Suite, Apt. #, Etc.:
City: DUNEDIN State: FL Zip Code: 34698

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****308.75 ****308.75

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: Delight M. Costello
REGISTERED AGENT MUST SIGN
Date: 1/30/02

CR2E061 (9/01)

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
P	JEANNE CREGAN	8606 SW 63 Ave	Bushnell FL 33513
V	DENNIS G CREGAN	8606 SW 63 Ave	Bushnell FL 33513
S	JEANNE CREGAN	8606 SW 63 Ave	Bushnell FL 33513
T	DENNIS G CREGAN	8606 SW 63 Ave	Bushnell FL 33513

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: JEANNE CREGAN Jeanne Cregan 1/28/02 727 581-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/28/02

242

TRAILSIDE NURSERY
PO BOX 8114
LARGO FL 33775
DOC # P99000107603

DEPT. OF STATE
DIV. OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL.
32314

We Received no Correspondence in 2001 Regarding the Filing of our Annual Business Report & Rea Fee. As Per Instructions We are Filing a Reinstatement Form and including a check For $300.00 to Cover 2001 + 2002 and $8.75 For A Certificate of Status

Thank You

Jeanne Cregan

JEANNE CREGAN Pres.