

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR -4 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *V10580*

1. Corporation Name

CASUAL PLANTS, INC.

2. Principal Office Address

1512 LINKSIDE DR.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL.

Zip

32003

Country

CLAY

3. Mailing Office Address

PO BOX 30057

Suite, Apt. #, etc.

City & State

DOCTORS INLET, FL.

Zip

32030

Country

CLAY

4. Date Incorporated or Qualified
To Do Business in Florida

2-1-92

5. FEI Number

59-3114732

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

DAVID A. KING

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

1416 KINGSLEY AVE.

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32073

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

David A. King

REGISTERED AGENT MUST SIGN

Date *2-28-02*

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PRES.	<i>JOYCE D. KIRKMAN</i>	<i>1512 LINKSIDE DR.</i>	<i>ORANGE PARK, FL 32003</i>
V. PRES.	<i>CHESTER M. KIRKMAN</i>	<i>1512 LINKSIDE DR.</i>	<i>ORANGE PARK, FL. 32003</i>
TREAS.	<i>CHESTER M. KIRKMAN</i>	<i>1512 LINKSIDE DR.</i>	<i>ORANGE PARK, FL. 32003</i>
SEC.	<i>JOYCE D. KIRKMAN</i>	<i>1512 LINKSIDE DR.</i>	<i>ORANGE PARK, FL. 32003</i>

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:

Joyce D. Kirkman *JOYCE D. KIRKMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-27-02

Daytime Phone #

904-269-3483

20f2

CASUAL PLANTS, INC.
P.O. BOX 30057
DOCTORS INLET, FL. 32030
904-269-3483
FAX. 904-278-4185

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

To Whom It May Concern:

This is a request that our Corporation be reinstated. We had no idea that the Corporation had been dissolved until I spoke with our attorney who is our registered agent.

It seems because we moved our offices and did not receive the annual statement that the Corporation has been dissolved. Casual Plants, Inc. has not discontinued business. We are still active; therefore we request that we be reinstated without penalty.

Enclosed please find a check for the fees for the years 2001 and 2002.

Yours truly,



Joyce Kirkman, President
Casual Plants, Inc.