

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


REINSTATEMENT 9505

FILED

05 DEC 13 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V-26294**

1. Corporation Name
Father & Son Nursery, Inc

2. Principal Office Address
1568 Plymouth Sorrento Rd

Suite, Apt. #, etc.

City & State
Apopka FL

Zip Country
32712 U.S.A

3. Mailing Office Address
1568 Plymouth Sorrento Rd

Suite, Apt. #, etc.

City & State
Apopka FL

Zip Country
32712 U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida **4-2-92**

5. FEI Number
593129080

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 **Kap Su Han** **500062117055**
12/13/05-01038-010-442251.00

Street Address (P.O. Box Number is Not Acceptable)
1568 Plymouth Sorrento Rd

Suite, Apt. #, Etc.

City **Apopka** State **FL** Zip Code **32712**

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

Date

REGISTERED AGENT MUST SIGN

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	Kap Su Han	326 pine straw cir	Altamonte Spring FL 32714

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-9-05

401-299-9245

401-298-8858

CR2E081 (01/04)