

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 JAN -9 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 44687**

1. Corporation Name
THE APOPKA FOREST INC.

2. Principal Office Address
4055 PLYMOUTH-SORRENTO RD.
Suite, Apt. #, etc.

3. Mailing Office Address
4055 PLYMOUTH-SORRENTO RD.
Suite, Apt. #, etc.

City & State
APOPKA, FL.

City & State
APOPKA, FL.

Zip
32712 Country
USA

Zip
32712 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **1992**

5. FEI Number
59-3133552

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
PATRICK A. DEHLINGER

Street Address (P.O. Box Number is Not Acceptable)
4055 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 **Patrick A. Dehlinger**
REGISTERED AGENT MUST SIGN

Date **Jan. 7, 2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

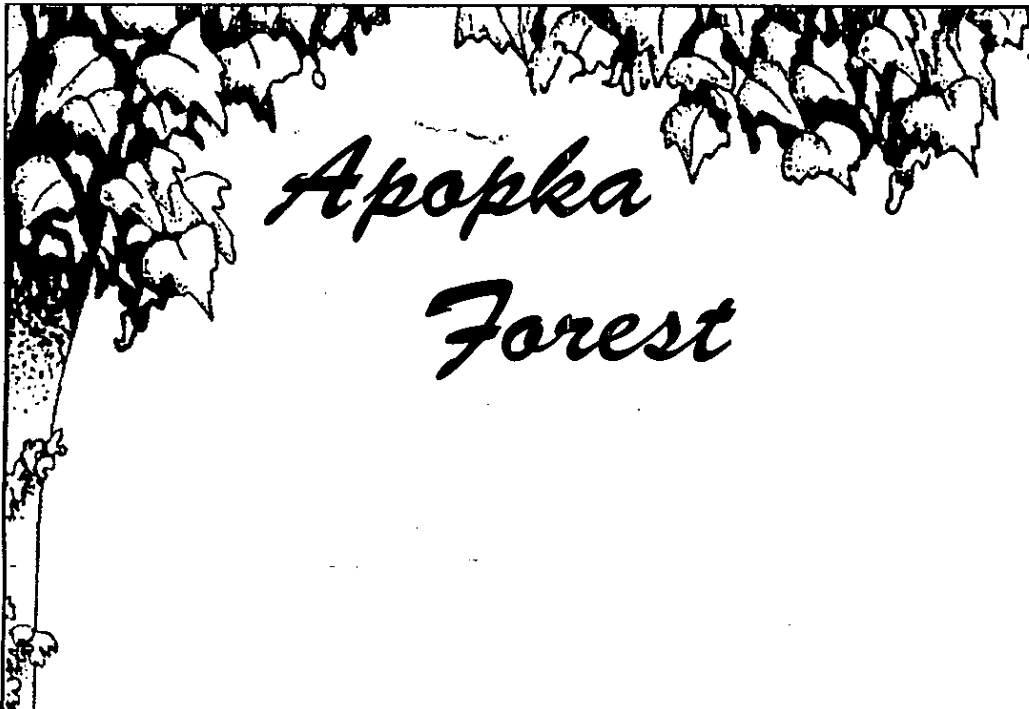
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	PATRICK A. DEHLINGER	516 HAVERLAKE CIRCLE	APOPKA, FL 32712

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***1323.75 ***1323.75

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: **Patrick A. Dehlinger / PATRICK A. DEHLINGER** (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/7/02** Daytime Phone # **889-0207**

CR2081 (9/01)



Tree Farm & Nursery

Apopka Forest

January 8, 2002

Florida Dept. of State
Division of Corporations
Corporate Filings
409 E. Gaines St.
Tallahassee, Fl. 32399

To Whom It May Concern;

I am enclosing an application for reinstatement of my corporation, The Apopka Forest Inc. We were notified that our corporation was deactivated in August of 1995 yesterday by my local bank. I had no knowledge of this until now and did not receive any notices of this action during 1995. I do not do any of the financial paperwork of the corporation, and was dependent on my accountants to file all necessary forms. The accountant that I dealt with in 1995 however refuses to return my calls concerning this matter and has now left me with the mess he created. I have enclosed \$ 1323.75 for reinstatement and a copy of certificate of status. This figure was given to me by one of your examiners yesterday. Should you need any additional information, please call me at 407-889-0207.

Sincerely,


Patrick A. Dehlinger/President



4055 PLYMOUTH SORRENTO RD.
APOPKA, FLORIDA 32712
(407) 889-0207

