

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

90 JUL 21 AM 8:45

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V46003**

1. Corporation Name

**PLANT FACTORY OF THE PALM BEACHES, INC.**

Principal Place of Business

5171 HAVERHILL EXT. SO.  
LAKE WORTH FL 33463

Mailing Address

5171 HAVERHILL EXT. SO.  
LAKE WORTH FL 33463



**REINSTATEMENT**

97-99

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0339170

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	WAGNER, RICHARD L	5171 HAVERHILL EXT. SO.	LAKE WORTH FL 33463

4000002950594--4  
-08/04/99--01075--001  
\*\*\*1058.75 \*\*\*1058.75

8. Name and Address of Current Registered Agent

WAGNER, RICHARD L  
5171 HAVERHILL EXT. SO.  
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

7-8-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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]*

Richard L Wagner President

Date

Daytime Phone #

7-8-99

CR2046 (8/97)