

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # J23384

1. Corporation Name

FABULOUS FOLIAGE, INC.

Principal Place of Business

1550 MALUKE RD.
P.O. BOX 542
MIDDLEBURG FL 32068

Mailing Address

7727 ENDERBY AVE
JACKSONVILLE FL 32244
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2708749

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--|
| PSD | BANNER, JACQUELINE | 1550 MALUKE ROAD | MIDDLEBURG FL |
| | | | 800003478698--0 11/28/00--01087--018 ****750.00 ****750.00 |
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| | | | |

8. Name and Address of Current Registered Agent

BANNER, JACQUELINE (KUHMAN)
1550 MALUKE RD.
MIDDLEBURG FL 32068

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/2/2000

11. 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

Jacqueline A. Banner
President / owner

Date

Daytime Phone #

11/2/2000 573-2657