

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC 10 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048255



1. Entity Name
A.J. BROTHERS NURSERY, INC.

Principal Place of Business
28950 SW 202 AVE
HOMESTEAD, FL 33030

Mailing Address
28950 SW 202 AVE
HOMESTEAD, FL 33030

2. Principal Place of Business
8739 N.W. 151ST TERRACE
Suite, Apt. #, etc.

3. Mailing Address
8739 N.W. 151ST TERRACE
Suite, Apt. #, etc.

City & State
MIAMI LAKES, FL
Zip
33018
Country
USA

City & State
MIAMI LAKES, FL
Zip
33018
Country
USA



4. FEI Number
65-1126061
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUTIERREZ, GREGORIO JR.
28950 SW 202 AVE
HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

Name
GREGORIO GUTIERREZ, SR.
Street Address (P.O. Box Number is Not Acceptable)
8739 N.W. 151ST TERRACE
City **MIAMI LAKES** FL Zip Code **33018**

I, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Gregorio Gutierrez, Sr.

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	GUTIERREZ, GREGORIO JR.	28950 SW 202 AVE	HOMESTEAD, FL 33030	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	GREGORIO GUTIERREZ, SR.	8739 N.W. 151 ST TERRACE	MIAMI LAKES, FL 33018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

700043130557
12/02/04--01047--008 **750.00

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregorio Gutierrez, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #