

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
2007 MAR -7 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO3000003398

1. Corporation Name

**Kendall Farms Nursery, Inc.**

200093744462  
03/19/07--01051--017 \*\*450.00

2. Principal Office Address - No P.O. Box #  
**10905 SW 95 Street**

3. Mailing Office Address  
**c/o Akon**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 331553**

City & State  
**Miami, Florida**

City & State  
**Coconut Grove, FL**

Zip  
**33176**

Country  
**Miami-Dade**

Zip  
**33233**

Country  
**Miami-Dade**

CR2E081 (1/07)

*0507*

4. Date Incorporated or Qualified To Do Business in Florida  
**1/09/2003**

5. FEI Number

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  
**V Chen**

Street Address (P.O. Box Number is Not Acceptable)  
**5955 Ponce de Leon Blvd.**

Suite, Apt. #, Etc.

City  
**Coral Gables**

State  
**FL**

Zip Code  
**33146**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Manager	V Chen	5955 Ponce de Leon Blvd.	Coral Gables, FL 33146

*B 3/9/07*

**REINSTATEMENT** *05-07*

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 contained in Chapter 119, 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

*1/30/2007*

Date

*325 661 6561*

Daytime Phone #