

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

01 OCT 17 PM 5:17

DOCUMENT # **P00000099040**

1. Corporation Name

**OSORIO & SON LAND SCAPING INC.**

Principal Place of Business

1353 SW 1ST ST  
#4  
MIAMI FL 33135

Mailing Address

1353 SW 1ST ST  
#4  
MIAMI FL 33135



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

09-05-01 90010 023 \$550.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1139354

Applied For

City & State

City & State

Not Applicable

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 | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D          | OSORIO, DENIS                       | 1353 SW 1ST ST                                   | MIAMI FL 33135       |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |

8. Name and Address of Current Registered Agent

OSORIO, DENIS  
1353 SW 1ST ST  
#4  
MIAMI FL 33135

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

*Dennis Osorio*  
REGISTERED AGENT MUST SIGN

Date

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:

*Dennis Osorio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)