

**2018 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P16000037052

**Entity Name:** PONCE & MARQUEZ NURSERY INC.

**Current Principal Place of Business:**

27010 SW 177 AVE  
HOMESTEAD, FL 33070

**Current Mailing Address:**

16000 SW 304 ST  
HOMESTEAD, FL 33033

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PONCE, PROCORO SR.  
16000 SW 304 ST  
HOMESTEAD, FL 33033 US

*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.*

**SIGNATURE:** PROCORO PONCE

09/27/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | P                  | Title           | VP                 |
| Name            | PONCE, PROCORO     | Name            | MARQUEZ, HERMILA   |
| Address         | 16000 SW 304 ST    | Address         | 16000 SW 304 ST    |
| City-State-Zip: | HOMESTEAD FL 33033 | City-State-Zip: | HOMESTEAD FL 33033 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PROCORO PONCE

**DIRECTOR**

09/27/2018

Electronic Signature of Signing Officer/Director Detail

Date