TOTAL P.01

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 453591

1. Corporation Name

CRUZ NURSERY CORP.

Principal Place of Business	Mailing Address
274 East 9 Street Hialeah, FL 33010	same

REINSTATEMENT 08-99

DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/27/93

5. FEI Number: 59-1544370 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (Additional fee required for certified copies)

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Benito I. Cruz	274 E. 9th Street	Hialeah, FL 33010

000001288277 --2
-060299--01067--004
***200.00 ***200.00

5.28.99

8. Name and Address of Current Registered Agent

Benito I. Cruz
274 E. 9 Street
Hialeah, FL 33010

9. Name and Address of New Registered Agent

Name: Benito I. Cruz
Street Address (P.O. Box Number is Not Acceptable): 274 E. 9 Street
Suite, Apt. #, Etc.:
City: Hialeah | State: FL | Zip Code: 33010

CR2E040 (1/96)

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: Benito Cruz — Date: 5.26.99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Benito Cruz, president — 5.26.99 — (305)642-6464
Date — Daytime Phone #