

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP -4 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200022700132
09/02/03--01047--004 **300.00

REINSTATEMENT 02-03

DOCUMENT # F 15289

1. Corporation Name

Black Velvet Topsoil, Inc.

2. Principal Office Address

13205 SW 137th Avenue

Suite, Apt. #, etc.

231

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33186

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-19-1981

5. FEI Number

59-2045052

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

Joseph K. Sirgany

Street Address (P.O. Box Number is Not Acceptable)

15141 SW 164 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33187

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

Joseph K. Sirgany
REGISTERED AGENT MUST SIGN

Date 8-25-03

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
President	Joseph K. Sirgany	15141 SW 164 Terrace	Miami, FL 33187

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 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:

Joseph K. Sirgany
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-03

Date

786-236-6094

Daytime Phone #

CR2E081 (10/02)

7/9/4