


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F86659					
1. Corporation Name SABREENA'S GARDEN NURSERY, INC					
2. Principal Office Address 5120 S.W. 208th LANE			3. Mailing Office Address 5120 S.W. 208th LANE		
City & State Ft. LAUDEDALE, Florida			City & State Ft. LAUDEDALE, Florida		
Zip 33332			Country USA		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-2214285	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name PEDRO P. OJEDA	
Street Address (P.O. Box Number is Not Acceptable) 5120 S.W. 208th LANE	
City Ft. LAUDEDALE,	
State FL	Zip Code 33332

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 Pedro P. Ojeda	Date 9-13-01
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	THEUSA J. OJEDA	5120 SW 208th Lane	Ft. LAUDEDALE, Fla 33332
T	GLADYS OJEDA	5130 S.W. 208th Lane	Ft. LAUDEDALE, Fla 33332
P	PEDRO R. OJEDA	5130 S.W. 208th Lane	Ft. LAUDEDALE, Fla 33332
V	PEDRO P. OJEDA	5120 S.W. 208th Lane	Ft. LAUDEDALE, Fla 33332

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: Pedro P. Ojeda	Date 9-13-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # (954) 434-6458	

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SABREENA'S GARDEN NURSERY, INC.
5120 SW 208TH LANE
FT. LAUDERDALE, FLORIDA 33332

PHONE (954) 434-6458
Fax (954) 434-4845

September 13, 2001

Florida Department of State
Division of Corporations
Annual Report Division
P.O. Box 6327
Tallahassee, Florida 32314

Att: Katherine Harris
Secretary of State

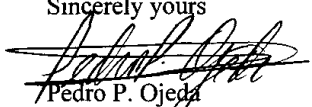
RE: SABREENAS GARDEN NURSERY, INC.
2001 Uniform Business report
Document # F86659

This letter is in reference to my year 2001 annual report, please be informed that I did not receive my annual report.

Today I met with my Accountant, Noel E. Escobar in Ft. Lauderdale and he found out that my Company has not renewed with The Dept of State.

Please find enclosed my check for \$ 150.00 for the above years and \$8.75 for a Certificate of Status, also since I have never been late with your department filing before and because my above mitigating circumstances, I herby request that you process my document and do not charge me with penalties.

Sincerely yours


Pedro P. Ojeda
Vice President