

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 PM 4:35

DOCUMENT # K50099

1. Corporation Name

SERRA LANDSCAPING NURSERY AND
MAINTENANCE, INC.

000023338880
09/25/03--01053--011 **150.00

2003 AR

2. Principal Office Address

2055 SW 122 AVE #201

3. Mailing Office Address

2055 SW 122 AVE #201

Suite, Apt. #, etc.

STE #201

Suite, Apt. #, etc.

STE #201

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33175

Country

Zip

33175

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/08/1988

5. FEI Number

650086332

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

JORGE L. SERRA

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

2055 SW 122 AVE #201

Suite, Apt. #, Etc.

STE #201

City

MIAMI

State
FL

Zip Code
33175

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

REGISTERED AGENT MUST SIGN

Date

9/22/03

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
Pres.	JORGE L. SERRA	2055 SW 122 AVE #201	MIAMI, FL. 33175

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:

Jorge L. Serra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/03 786-275-2023

Date

Daytime Phone #

CR2E081 (10/02)

9/26/03

SERRA LANDSCAPING NURSERY AND MAINTENANCE, INC.

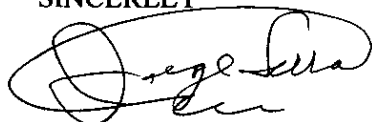
2055 SW 122ND AVE STE. #201
MIAMI, FL. 33175
(786) 295-2023
(305) 207-6787 FAX

To Whom It May Concern:

IM WRITING YOU THIS LETTER TO REQUEST A REINSTAIMENT FEE WAIVER
BECAUSE THE MAIL HAS NOT BEEN DELIVERED TO OUR BOX AND WERE
WORKING TO FIX THIS PROBLEM IMMEDIATELY.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER.

SINCERELY

A handwritten signature in black ink, appearing to read "Jorge L. Serra", enclosed within a large, loopy oval shape.

JORGE L. SERRA
PRESIDENT