

APPLICATION FOR REINSTATEMENT FOR

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THESE SPACES

FILED

96 NOV 25 PM 2:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # L92220

RODRIGUEZ LANDSCAPING & PLANTS CORP.
 4545 N.W. 7th Street, Suite 12
 Miami, Florida 33126

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State
 ZIP CODE

REINSTATEMENT *96*

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

3. Date Incorporated or Qualified To Do Business in Florida 7/19/1990

4. FEI Number 65-0205002

FEI Number Applied For
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1	2	3	4
	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
P/T/D	RUPERTO RODRIGUEZ	15031 S.W. 42nd Terrace	Miami, Florida 33185
V/S/D	FELIPA RODRIGUEZ /N.	15031 S.W. 42nd Terrace	Miami, Florida 33185

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 12/02/96 01028-026
 *****383.75 *****383.75

Bill-J-96

This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No
 For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

FELIPA N. RODRIGUEZ
 15031 S.W. 42nd Terrace
 Miami, Florida 33185

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip Code

FL

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605, F.S.

Signature of Registered Agent

Felipa N. Rodriguez

Date 11/20/96

REGISTERED AGENT MUST SIGN

9. 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.

Signature of Officer or Director

Ruperto Rodriguez

Phone # (305) 227-2901

Typed or printed name of signing officer or director

RUPERTO RODRIGUEZ

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED