

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

02 MAR 15 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000002912

1. Corporation Name

J.L. MOREJON NURSERY AND FARMS, INC.

2. Principal Office Address

18250 SW 200 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

15623 SW 292 TERR.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

LEISURE CITY, FL

Zip

33187

Country

USA

Zip

33033

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-10-2000

5. FEI Number

65-0312420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

09/12/01 90029 029 556

7. Name and Address of Current Registered Agent

Name

ALEJANDRO NUNEZ, ESP

100005183631--9

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

250 GIRALDA AVENUE

04/02/02 0100--014

***150.00 ***150.00

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

X Alejandro Nunez / Smc

REGISTERED AGENT MUST SIGN

Date

3-8-02

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
PSD	MOREJON, JORGE LUIS	18250 SW 200 STREET	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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE LUIS MOREJON

Date

3-8-02 (305) 774-6222

Daytime Phone #

CR2E081 (8/01)

Alejandro Nuñez, P.A.
ATTORNEY AT LAW

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March 12, 2002

VIA CERTIFIED MAIL

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

Re: JORGE MOREJON NURSERY AND FARMS, INC.
Reference # P00000002912
Our File No: 00-3701

Dear Sir/Madam:

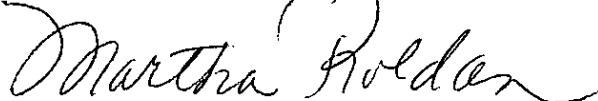
As per my telephone conversation with your representatives, enclosed please find the corporation reinstatement form which has been fully executed as required. Also, is a cashier's check in the amount of \$150.00, which is the amount due since you have already collected a check in the amount of \$550.00, on September 11, 2001 (copy of check enclosed).

This was an error that was done back in September 5, 2001 when the UBR report was filed with Block #4 (FEI Number) incorrectly with the document number instead of the FEI Number. We received a letter from you on September 13, 2001 informing us of this error and a corrected form immediately sent to your office. Apparently, this has never been entered into your system, so upon our calling your office we are now submitting the above referenced as instructed, in order to have this issue resolved.

If there is anything further needed to have this filed, please call the undersigned. Thank you for your attention to this matter.

Sincerely,

ALEJANDRO NUNEZ, P.A.



Martha Roldan, for the firm

Return Mail Receipt requested
#7001 1940 0003 1344 2379
Corp/ JL MOREJON NURSERY & FARMS/REINSTATEMENT LETTER