

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000028884

1. Corporation Name

PEDRO GONZALEZ LANDSCAPE CORP.

Principal Place of Business

Mailing Address

11480 S W 196 TERR.  
MIAMI FL 33157

11480 S W 196 TERR.  
MIAMI FL 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/2000

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GONZALEZ, PEDRO	11480 S W 196 TERR.	MIAMI FL 33157
			000005050200--4 -03/06/02-01043-030 ****300.00 ****300.00
			01-02 45R

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, PEDRO  
11480 S W 196 TERR.  
MIAMI FL 33157

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

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February 5, 2002

To Whom It May Concern:

I am writing this letter in order to reinstate my corporation. The reason I haven't filed the Uniform Business Form for 2001 is because I never received it. I am now submitting the Reinstatement form along with a payment of \$300.00 as instructed by a representative of your office. Please accept my Reinstatement form along with the enclosed check. I am requesting for a waiver of fees for the above stated reason. Please accept my most sincere apologies.

Sincerely,



Pedro Gonzalez