


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000040834

1. Corporation Name  
**MIGUEL RODRIGUEZ LANDSCAPING, INC.**

2. Principal Office Address <b>74 1st Page Park</b>		3. Mailing Office Address <b>74 1st Page Park</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Fort Myers, Florida</b>		City & State <b>Fort Myers, Florida</b>	
Zip <b>33907</b>	Country	Zip <b>33907</b>	Country

**FILED**

06 MAY -8 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**600075377766**  
05/26/06--01047--013 \*\*908.75  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-1006792** 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 **Miguel Rodriguez**

Street Address (P.O. Box Number is Not Acceptable) **74 1st Street Page Park**

Suite, Apt. #, Etc.

City **Fort Myers** State **FL** Zip Code **33907**

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 *Miguel Rodriguez* Date **05/03/06**

REGISTERED AGENT MUST SIGN

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
PD	Miguel Rodriguez	74 1st Street Page Park	Fort Myers, FL 33907

*35/16/04*

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 contained in Chapter 119, 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: *Miguel Rodriguez* Date **05/03/06** Daytime Phone # **239-823-7399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rogers*

**MIGUEL RODRÍGUEZ LANDSCAPING, INC.**

74 1<sup>st</sup> Street Page Park  
Fort Myers, Florida 33907

May 2, 2006

Division of Corporation  
Uniform Business Report Filings  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We are sending our 2001, 2002, 2003, 2004, 2005 and 2006 Uniform Business Reports Late, because we moved from our previous address and we never received your notification to be able to file it on time.

Please wave your late payment penalty fee this time, since our payment has been unintentionally late. Attached, please find a check for \$ 908.75.

Thank you for your cooperation in this matter.

Best regards,

*Miguel Rodriguez*

Miguel Rodriguez  
President

Cc: File