

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 19 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040834

1. Corporation Name
Miguel Rodriguez Landscaping
746000006058

REINSTATEMENT 07-10

200167914832
02/03/10--01033--017 **750.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
5900 Winkler Rd

3. Mailing Office Address
5900 Winkler Rd.

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Ft. Myers, FLA.

City & State
Ft. Myers, FLA.

Zip Country
33919 U.S.A.

Zip Country
33919 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
651006792

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 (R.O. Box Number is Not Acceptable)
5900 Winkler Rd.
Suite, Apt. #, Etc.
N/A
City
Ft. Myers
State
FL
Zip Code
33919

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 02-01-10
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
Pres.	Miguel Rodriguez	5900 Winkler Rd	Ft. Myers, FLA 33919

REINSTATEMENT 07-10

200167914832
02/22/10--01006--008 **467.50

02/22

10. E-mail Address: GUELOLAN 73 @ Hot MAIL Dot.Com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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 Miguel Rodriguez Date 02-01-10 (239) 823-7399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #