

142

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 28 AM 9:11

DOCUMENT # P00000054765

1. Corporation Name

JAMES NURSERY, INC.
20175 SW 248 ST.
Homestead, FL 33031

2. Principal Office Address

20175 SW 248TH ST

3. Mailing Office Address

19955 SW 248 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

City & State

Homestead, Florida

Zip

33031

Country

USA

Zip

33031

Country

USA

REINSTATEMENT 01-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

5. FEI Number

65-1021470

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

JAMES OTONIEL

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

19955 SW 248 ST

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33031

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

James Otaniel

REGISTERED AGENT MUST SIGN

Date 3/15/06

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	JAMES OTONIEL	19955 SW 248 ST	Homestead, FL 33031
STD	JAMES AURORA	19955 SW 248 ST	Homestead, FL 33031

200069644212
04/06/06--01051--008 **900.00

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:

James Otaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

Daytime Phone #

242

JAIMES NURSERY, INC
20175 SW 248 ST
HOMESTEAD, FL 33031

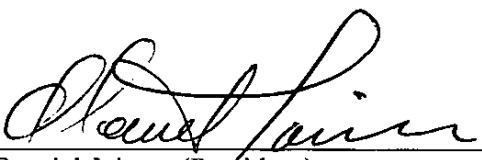
March 15, 2006

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

Re: P00000054765

Mr. Kerry per our conversation about my Company James Nursery, I let you know my Company never received prior notice for the Annual Report. Please activation Jaimes Nursery, Inc a soon as possible, attached Form: "CORPORATION REINSTATEMENT" with check of amount \$900.00

Thank you for your help.


Otoniel Jaimes (President)