

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 16 PM 4:21

DOCUMENT # P00000060018

1. Corporation Name

GONZALEZ NURSERY AND LANDSCAPING, INC.

2. Principal Office Address

20900 S.W. 238 Street

Suite, Apt. #, etc.

3. Mailing Office Address

20900 S.W. 238th St.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33031

Country

U.S.

Zip

33031

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/15/00

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Gonzalez, Ridobel

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

20900 S.W. 238 Street

Suite, Apt. #, Etc.

City

Miami

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

Ridobel Gonzalez

REGISTERED AGENT MUST SIGN

Date 4/12/02

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
D	Ridobel Gonzalez	20900 S.W. 238 St.	Miami, Fl. 33031
D	Adriana Gonzalez	20900 S.W. 238 St.	Miami, Fl. 33031

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:

Ridobel Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02
Date

305-245-0205
Daytime Phone #

CR2E081 (9/01)