

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT



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

FILED  
 01 OCT 22 AM 9:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P0000069906**

1. Corporation Name  
**BOZA LANDSCAPING, INC.**

Principal Place of Business Mailing Address  
**5910 SW 109TH AVENUE MIAMI FL 33173**

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 **07/21/2000**

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BOZA, CARLOS E	5910 SW 109TH AVENUE	MIAMI FL 33173

500004672386-6  
 -11/08/01--01045--002  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

**BOZA, CARLOS E**  
**5910 SW 109TH AVENUE**  
**MIAMI FL 33173**

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City State Zip Code  
**FL**

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 *Carlos E Boza* Date **10/19/01**

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: *Carlos E Boza* Date **10/19/01** Daytime Phone # **305-970-4076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (801)

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BOZA LANDSCAPING, INC.  
5910 SW 109<sup>TH</sup> AVENUE  
MIAMI, FLORIDA 33173  
305-970-4076

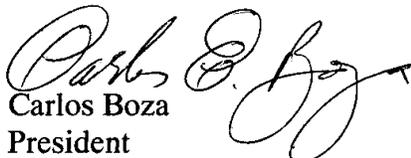
Florida Department of State  
Division of corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

Dear Sir:

As per our telephone conversation, I am enclosing the only report I have received up to date in regard to keeping the corporation in good standing. This is the first time I had knowledge of this report since the corporation was open in the year 2000.

Enclosed is the check for \$150.00 and you can be sure that next year I will be looking for this report around the month of February.

Yours truly,

  
Carlos Boza  
President