

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000070299

1. Corporation Name

Plant Dynamics Inc.

2. Principal Office Address

30860 SW 190 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Homestead

City & State

SAME

Zip

33030

Country

Miami-Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1032263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Peter M. Hockman Esq.

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

633 North Krome Avenue

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

on file already

REGISTERED AGENT MUST SIGN

400023863614

10/16/03-01025-024 **150.00

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	Patrick R. Melvin	30860 SW 190 Av	Homestead FL 33030

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 216 6362

Daytime Phone #

2/10/20

October 13, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Attached please find a reinstatement application and appropriate fee to reinstate since I did not receive my ABR.

Thank you for your prompt attention to this matter.

Sincerely,


Patrick R. Melvin
Director