

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015151

1. Corporation Name

MEX GREENHOUSES, INC.

REINSTATEMENT 02-04

400028739624

02/13/04--01042--019 **1058.75

2. Principal Office Address

4548 NANCY DR-LOT 773

Suite, Apt. #, etc.

3. Mailing Office Address

4548 NANCY DRIVE

Suite, Apt. #, etc.

LOT 773

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

Zip

33463

Country

USA

Zip

33463

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

5. FEI Number

65-1100310

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

LAIR DIAZ JIMENEZ

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

4548 NANCY DR, LOT 773

Suite, Apt. #, Etc.

City

LAKE WORTH,

State
FL

Zip Code
33463

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0903, F.S.

Signature of
Registered Agent

Lair Diaz Jimenez

REGISTERED AGENT MUST SIGN

Date

2/9/04

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
P	LAIR DIAZ JIMENEZ	4548 NANCY DR-LOT 773	LAKE WORTH, FL 33463
VP	EDITH YOLANDA GONZALEZ	4548 NANCY DR, LOT 773	LAKE WORTH, FL 33463

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:

Lair Diaz Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIAR DIAZ JIMENEZ
PRESIDENT

Date

2/9/04 561-389-4676

Daytime Phone #

CR2001 (01/04)