

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P01000015151**

1. Entity Name  
**MEX GREENHOUSES, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 21 PM 2:39

Principal Place of Business  
4548 NANCY DR LOT 773  
LAKE WORTH, FL 33463

Mailing Address  
4548 NANCY DR LOT 773  
LAKE WORTH, FL 33463

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

03082006 REIN-P CR2E098 (11/05)

4. FEI Number  
65-1100310

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

JIMENEZ, LAIR D  
4548 NANCY DR LOT 773  
LAKE WORTH, FL 33463

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME JIMENEZ, LAIR D  
STREET ADDRESS 4548 NANCY DR LOT 773  
CITY-ST-ZIP LAKE WORTH, FL 33463 ☐ Delete

TITLE V  
NAME GONZALES-OROZCO, EDITH Y  
STREET ADDRESS 4548 NANCY DR LOT 773  
CITY-ST-ZIP LAKE WORTH, FL 33463 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300069547283  
04/05/06--01041--022 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lair D Jimenez President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/6/06 (561) 389 4676  
Daytime Phone #