

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 21 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000031681

1. Corporation Name

FOLIAGE LANDSCAPE DESIGNERS, INC.

2. Principal Office Address - No P.O. Box #

17263 123RS TERRACE NORTH

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

Zip

33478

Country

USA

3. Mailing Office Address

P.O BOX 1204

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

Zip

33469

Country

USA

200139485812
01/05/09--01/05/09 **750.00
REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida **04-2001**

5. FEI Number
651136007

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

LOLA L SUAREZ

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

17263 123RS TERRACE NORTH

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33478

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/15/09

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	SUAREZ LOLA	17263 123RD TERRACE NORTH	JUPITER, FLORIDA 33478
S	TRINIDAD DOMINGO	18223 LIMESTONE CREEK NORTH	JUPITER, FLORIDA 33458

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 contained in Chapter 119, 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

1/15/09

Date

Daytime Phone #