

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000036506**

1. Corporation Name

ALESSANDRO'S GARDEN INC.

Principal Place of Business

15191 SW 46 ST
MIRAMAR FL 33027

Mailing Address

15191 SW 46 ST
MIRAMAR FL 33027

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2001

5. FEI Number

65-1092384

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LOPEZ, LAZARO JULIO	15191 SW 46 ST	MIRAMAR FL 33027

8. Name and Address of Current Registered Agent

LOPEZ, LAZARO JULIO
15191 SW 46 ST
MIRAMAR FL 33027

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
[Signature]
REGISTERED AGENT MUST SIGN

Date **10/10/2003**

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:

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

Date

10/10/2003

Daytime Phone #

CR2E040 (7/03)

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fla 32314

October 10 2003

Alessandro's Garden Inc
Director: Lazaro Julio Lopez
15191 SW 46 St
Miramar, Fla 33027


Attention Reinstatement Department:

The purpose of this letter is for reinstatement of Document No. P0100003606
Corporation Name Alessandro's Garden Inc. Prior to this notice we have not received any
two before in order to file UBR 2003; please if you check our records from last year it
was filed on time by internet. Please waive reinstatement fee for this time.

Enclose a check no. 2258 for the amount of 158.75 for 2003 UBR file and certificate of
status for this Corporation.

Please excuse any inconvenience caused for this matter.

Best Regards,


Lazaro Julio Lopez
Director