

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 19 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000050263**

1. Corporation Name

FENG SHUI NURSEY, CORP.

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

520 BRICKELL KEY DR

3. Mailing Office Address

520 BRICKELL KEY DR

Suite, Apt. #, etc.

APT 1002

Suite, Apt. #, etc.

APT 1002

City & State

MIAMI

City & State

MIAMI

Zip

33131

Country

FL

Zip

33131

Country

FL

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/03

5. FEI Number

☐ 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

JOSE C. MARRERO, Esq.

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

1200 BRICKELL AVENUE,

Suite, Apt. #, Etc.

SUITE 505

City

MAIMI

State

FL

Zip Code

33131

☒ 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

REGISTERED AGENT MUST SIGN

Date

2/7/09

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
D	JULIETA GAICEDO	520 BRICKELL KEY DRIVE APT 1002	MIAMI, FL 33131
D	ANA GAICEDO	520 BRICKELL KEY DRIVE APT 1002	MIAMI, FL 33131
D	ANDREA GIRALDO	520 BRICKELL KEY DRIVE APT 1002	MIAMI, FL 33131
	REINSTATEMENT	RH	

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02/19/09--01039--014 **1050.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose C. Marrero
AS AUTHORIZED Representative

Date

Daytime Phone #

2/7/09
470-2030