

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 2005 8:00 A.M.**  
**Secretary of State**

DOCUMENT # PD1000062336

1. Corporation Name  
Lorenzo's Costa Del Sol Landscaping, Inc.

2. Principal Office Address 6670 58 <sup>th</sup> Ave		3. Mailing Office Address P.O. Box 7263	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32967	Country Indian River	Zip 32961-7263	Country Indian River

**REINSTATEMENT** 02-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
65-1118305

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  
Lorenzo Monroy

Street Address (P.O. Box Number is Not Acceptable)  
6670 58<sup>th</sup> Ave.

Suite, Apt. #, Etc.

City  
Vero Beach

State  
FL

Zip Code  
32967

700042846267  
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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: Lorenzo Monroy Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
Pres.	Lorenzo Monroy	6670 58 <sup>th</sup> Ave	Vero Beach FL 32967

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: Lorenzo Monroy 3-4-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E081 (01/05)