

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD1000062336

1. Corporation Name

Lorenzo's Costa Del Sol Landscaping, Inc.

2. Principal Office Address

6670 58<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32967

Country

Indian River

3. Mailing Office Address

P.O. Box 7263

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32961-7263

Country

Indian River

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

**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

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

REGISTERED AGENT MUST SIGN

Date

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: X

Lorenzo Monroy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-05

Date

Daytime Phone #

CP2E081 (01/05)