

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -4 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065353

1. Corporation Name

Remarkable Homes & Gardens Inc
13961 SW 71 Lane
Miami FL 33183

2. Principal Office Address

13961 SW 71 Lane
Suite, Apt. #, etc.

3. Mailing Office Address

13961 SW 71 Lane
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33183

Country

USA

Zip

33183

Country

USA

REINSTATEMENT

D2-05

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

6-28-01

5. FEI Number

65-1128191

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

Daniel L Damayer CPA

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

5975 W Sunrise Blvd

Suite, Apt. #, Etc.

#216

City

Sunrise

State

FL

Zip Code

33313

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]

Date 4-26-05

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
<u>P</u>	<u>Kevin Folliard</u>	<u>13961 SW 71 Lane</u> <u>Miami FL 33183</u>	

300054344583

05/12/05--01078--007 **1200.00

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05
Date

(305) 778 1793
Daytime Phone #

KEVIN FOLLIARD

5/11/05

CR2E081 (01/05)