

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000067617

1. Corporation Name

REY NURSERY CORPORATION

Principal Place of Business

6104 S.W. 149 AVENUE
MIAMI FL 33193

Mailing Address

6104 S.W. 149 AVENUE
MIAMI FL 33193

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

07/09/2001

5. FEI Number

☒ 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
PD	REY, IRAN O	6104 S.W. 149 AVENUE	MIAMI FL 33193

100009104701
11/20/02--01015--026 **150.00

8. Name and Address of Current Registered Agent

REY, IRAN O
6104 S.W. 149 AVENUE
MIAMI FL 33193

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

CR2040 (8/02)

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

REGISTERED AGENT MUST SIGN

Date

11/18/2002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/2002 - 710-8442

226✓

REY NURSERY CORPORATION
6104 S.W. 149th Avenue
Miami Florida 33193

November 19, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
Tallahassee Florida

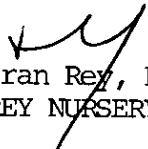
Re.: Document #P01000067617

Gentlemen:

As per notice received from your Department informing our corporation reinstatement, we want to inform, that this is our first year in business, and we did not received a prior notice for the anual report 2002.

We were not aware of this payment, we hope to be waived with penalty, we appreciate all the help, that this Division could give us, because we are not to familiar with these regulations, but this will never happen to us again.

Sincerely,


Iran Rey, President
REY NURSERY CORPORATION

P.D.: Here we included our check #0173 for the amount of \$150.00 to Department of State.