

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 FEB 21 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071264

1. Corporation Name

R & D NURSERY INC.

500010975135
02/21/03--01051--008 **150.00



Principal Place of Business

Mailing Address

111 MINER ROAD
BOYNTON BEACH FL 33435

111 MINER ROAD
BOYNTON BEACH FL 33435

873 F Rd

LA Belle FL 33935

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

☒ 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 2001

Suite, Apt. #, etc.

P.O. Box 2001

City & State

LA Belle FL

City & State

LA Belle FL

Zip

33975

Country

Hendry

Zip

33975

Country

Hendry

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2001

5. FEI Number

65-1-125-681

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FERNANDEZ, RENE	111 MINER ROAD	BOYNTON BEACH FL 33435
	<i>René Fernandez</i>	<i>P.O. Box 2001</i>	<i>LA Belle FL 33975</i>
VD	DE ARMAS, PAUL	111 MINER ROAD	BOYNTON BEACH FL 33435
		<i>873 F Rd</i>	<i>LA Belle FL 33935</i>
		<i>LA Belle FL 33935</i>	<i>500010975135</i>
			<i>02/21/03--01021--008 **150.00</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, RENE

111 MINER ROAD

BOYNTON BEACH FL 33435

873 F Rd.

LA Belle FL 33935

Name

René Fernandez

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

P.O. Box 2001

Suite, Apt. #, Etc.

LA Belle, FL

City

State

FL

Zip Code

33975

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

11/10/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/02 (561) 4365970

CR2E040 (8/02)

Rene Fernandez 1-22-03
P.O. Box 2001
La Belle Fl 33975

*I Rene Fernandez would like to inform
your office that I was never aware of a yealy
report. Nor, did I every receive any notice in the
mail from your office.*

*This is new to me, so I Would appreciate
it if you would accept my application and fee.*

Thank You

Sincerly,
Rene Fernandez

Rene