

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000080560**

1. Corporation Name

**A & J FOLIAGE EXPRESS, INC.**

Principal Place of Business

20805 SW 172 AVENUE  
MIAMI FL 33187

Mailing Address

P.O. BOX 570520  
MIAMI FL 33257



400024054014  
10/23/03--01075--009 \*\*150.00 03

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

08/16/2001

5. FEI Number

65-1154571

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	WILKINS, PAUL D	20805 SW 172 AVENUE	MIAMI FL 33187
VPD	WILKINS, TAMARA E	20805 SW 172 AVENUE	MIAMI FL 33187

REINSTATEMENT

8. Name and Address of Current Registered Agent

WILKINS, TAMARA  
20805 SW 172 AVENUE  
MIAMI FL 33187

9. Name and Address of New Registered Agent

Name JORGE E. DELAHOZ, CRA  
Street Address (P.O. Box Number is Not Acceptable)  
304 PALERMO AVENUE  
Suite, Apt. #, Etc.  
City CORAL GABLES State FL Zip Code 33134

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]  
REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

Tamara Wilkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03 305-232-3637

Date

Daytime Phone #

CR2E040 (7/03)

2082

October 13, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: A& J Foliage Express, Inc.  
FEI# 65-1154571  
Notice of Administrative Dissolution or Revocation

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To Whom It May Concern:

On October 10, 2003, A&J Foliage Express, Inc., received a Notice of Administrative Dissolution or Revocation. Per our records, the above referenced corporation did not receive the prior two Uniform Business Report notices for 2003.

Therefore, we ask that the reinstatement fee be waived. Please find enclosed a check for \$150.00 to return to active status.

Should you require additional information, please do not hesitate to contact me at (305) 232-3637

Sincerely,

Tamara E. Wilkins

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