

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 FEB 16 PM 2:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000083554

1. Corporation Name

MAYRA NURSERY, INC

2. Principal Office Address

19850 SW 392ND ST

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33034

Country

USA

3. Mailing Office Address

1704 NW 3TH TERRACE

Suite, Apt. #, etc.

105

City & State

HOMESTEAD, FL

Zip

33034

Country

USA

REINSTATEMENT 02-04

800028783558

02/16/04--01019--019 **450.00

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

5. FEI Number

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

LAZARO GALBAN

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

1704 NW 3RD TERRACE

Suite, Apt. #, Etc.

105

City

FLORIDA CITY

State

FL

Zip Code

33034

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 02/10/2004

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
PD	LAZARO GALBAN	1704 NW 3RD TERRACE # 105	FLORIDA CITY, FL 33034
SD	MAYRA MENDIZABAL	1704 NW 3RD TERRACE # 105	FLORIDA CITY, FL 33034

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/2004

Date

305-248-4992

Daytime Phone #

CR2E081 (01/04)