

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 12 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000090587**

1. Corporation Name

FOLIAGE UNLIMITED, INC.

Principal Place of Business

~~16831 S.W. 216 STREET~~
~~MIAMI FL 33170~~

Mailing Address

16831 S.W. 216 STREET
MIAMI FL 33170

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

2. New Principal Office Address, If Applicable

21951 SW 167 Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/2001

5. FEI Number

65-1138747

Applied For

Not Applicable

City & State

Miami, Florida

City & State

Zip

33170

Country

Dade

Zip

Country

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
D	ACOSTA, EDUARDO	16831 S.W. 216 STREET	MIAMI FL 33170

100008939731
11/12/02--01036--015 **150.00

8. Name and Address of Current Registered Agent

ACOSTA, EDUARDO
16831 S.W. 216 STREET
MIAMI FL 33170

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

CH2ED00 (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 **Eduardo Acosta** **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/23/02**

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)(l), 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:

Eduardo Acosta **SIGNATURE REQUIRED** **Eduardo Acosta**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

(805)
254-8274



Foliage Unlimited

**21951 Southwest 167 Avenue
Miami, Florida 33170-1801
(305) 254-8274
(305) 232-7088 Fax**

October 22, 2002

*Foliage Unlimited, Inc.
21951 Southwest 167 Avenue
Miami, Florida 33170-1801*

*Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327*

To Whom It May Concern:

This is to inform your department that my office never received the notices sent for the Uniform Business Report. This report was filled out by us with the corresponding fee last year and like the other 2 semi years that this business has been around. I realize the importance of this report and my office would not have ignored the notices if we had received them, furthermore I find it hard to believe that this notice was sent twice as your "Important Facts" sections states.

In conclusion, I would like to ask for the reinstatement fee to be waived and for your office to accept the for-profit corporation fee of \$ 150.00 ck#_____. Please accept or sincere apology for any inaccuracy.

Thank You,

Edward Acosta
Edward Acosta
Director