

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 17 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091413

1. Corporation Name

MONTANO LANDSCAPING, INC.

880 SW 2ND STREET
880 SW 2ND STREET

2. Principal Office Address

880 SW 2ND STREET

3. Mailing Office Address

880 SW 2ND STREET

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

9

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33130

Country

Zip

33130

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/14/2001

5. FEI Number
65-1137025

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

ROBERTO JESUS FANJUL

Street Address (P.O. Box Number is Not Acceptable)
5025 SW 101 AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33165

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

[Signature]

Date 5-12-04

REGISTERED AGENT MUST SIGN

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	ROBERTO JESUS FANJUL	5025 SW 101 AVE	MIAMI, FL 33165

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-04

Date

(305) 244-7798

Daytime Phone #

CR2E081 (01/04)