## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						10 HAR -9 PM 3: 40		
DOCUMENT # P01000095683  1. Corporation Name						ALLAHASSEE, FLORIDA		
DAVID'S NURSERY & LAND SERVICES CORP						1100	08-10	
· ·				Office Address		IX	EINSTATEMENT	
144 NV Suite, Apt. #,	<u>'L</u>		SAME AS ABOVE Suite, Apt. #, etc.			CR2EOST (14/09) CIVENT		
Oute, Apr. #,	eic.		Suite, Apr. #, etc.			Date Incorporated or Qualified     To Do Business in Florida 10/02/2001		
City & State			City & State			5. FEI Number Applied For		
MIAMI, FL. Zip Country			Zip		Country	65-11436	Not Applicable	
33182	•	USA	Σip		Country	6. CERTIFICATE	SB.75 Additional Fee required for a Ceruficate of Status	
7. Name and Address of Current Registered Agent								
Name LUIS D. PEREZ						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Street Address (P.O. Box Number is Not Acceptable) 144 NW 136 PL								
Suite, Apt. #, Etc.								
City MIAMI					State Zip Code , FL 33182		waived.	
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 REGISTERED AGENT MUSP SIGN						Date 03/03/10		
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	
Р	LUIS D. PEREZ			144 NW 136 PL			MIAMI, FL. 33182	
				<del>- 15/11</del>		- 65 119		
					M. MILLIGAN Examiner			
					,,,,,,	1710 17109	10171597240 1001004002 **450.00	
	•				MAR - 9 2010			
10. E-mail Address:  (To be used for future annual report notification)								
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 filling 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. I further certify 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 #								