

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 DEC -5 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000117994**

1. Corporation Name

LA ROSA DE SARON LANDSCAPING, INC.

Principal Place of Business

**5074 E 1ST AVE
HIALEAH FL 33013**

Mailing Address

**5074 E 1ST AVE
HIALEAH FL 33013**

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

12/12/2001

5. FEI Number

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

PSD

RAMIREZ, ARIAN

5074 E 1ST AVE

HIALEAH FL 33013

500009370165
12/05/02--01028--002 **150.00

8. Name and Address of Current Registered Agent

**RAMIREZ, ARIAN
5074 E 1ST AVE
HIALEAH FL 33013**

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

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/29/02**

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Miami, November 29, 2002

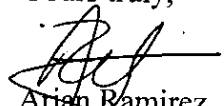
To: Florida Department of State
Division of Corporations.

From: La Rosa de Sarón

Dear Sirs:

We created our corporation on December 12, 2001. We never received the Uniform Business Report for 2002. Now, we have been notified that our corporation has been dissolved for not filing the document we never received. Please, find attached a Reinstatement Application Form along with a check for \$150.00. It is our understanding that the \$ 750.00 fee must be waived because we did not received the Annual Report. Your prompt attention to this matter will be greatly appreciated.

Yours truly,


Arlan Ramirez
5074 E 1st. Ave.
Hialeah, Fl. 33013