

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -5 AM 8:00

REINSTATEMENT

03-04
THRS

200035534252
05/05/04--01046--021 **300.00

DOCUMENT # P02000006815

1. Corporation Name

PRESIDENTIAL NURSERY, INC

2. Principal Office Address

240 S. ARBOLEDA ST

Suite, Apt. #, etc.

City & State

CLEWINSTON

Zip

FLORIDA

Country

33440

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-0016836

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

JUAN SALGADO

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

240 S. ARBOLEDA ST

Suite, Apt. #, Etc.

City

CLEWINSTON

State

FL

Zip Code

33440

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

X *Juan Salgado*

REGISTERED AGENT MUST SIGN

Date 04/26/2004

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
PRE	JUAN SALGADO	240 S. ARBOLEDA ST	CLEWINSTON, FL 33440

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:

X *Juan Salgado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2004 (863) 805-0340

Date

Daytime Phone #

CP2E081 (1/0/02)

292

**DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
PRESIDENTIAL NURSERY, INC.
DOCUMENT # P02000006815**

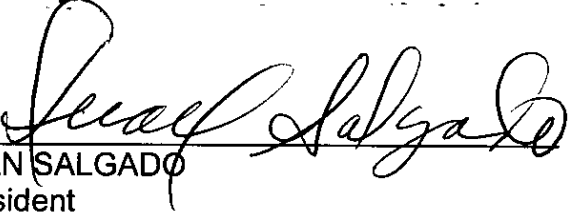
April 26, 2004

To Whom It May Concern:

I am sending this letter to explain the reason why I did not send to you the form applied for the annual report for the year 2003, because I never received the form required.

If you have any question do not hesitate to contact me at (863)805-0340

Sincerely,


+ JUAN SALGADO
President