APPROVED
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000048447

1. Corporation Name

ALGO'S ORNAMENTAL, INC.

**REINSTATEMENT** 03-06

CR2E081 (12/05)

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 15800 SW 149 Ave. | | 15800 SW 149 Ave. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: Miami, FL | | City & State: Miami, FL | |
| Zip: 33187 | Country: Miami-Dade | Zip: 33187 | Country: Miami-Dade |

4. Date Incorporated or Qualified To Do Business in Florida: 05/02/02

5. FEI Number: 03-0440757 ☐ 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: Aldo Deshon

Street Address (P.O. Box Number is Not Acceptable): 15800 SW 149 Ave.

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33187

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: Aldo Deshon — REGISTERED AGENT MUST SIGN — Date: 06/07/06

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 |
|---|---|---|---|
| D | Ricardo Gomez | 15800 SW 149 Ave. | Miami, FL 33187 |
| D | Aldo Deshon | 15800 SW 149 Ave. | Miami, FL 33187 |
| | | | |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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: Aldo Deshon — Aldo Deshon, Director — 06/07/06 — 786-348-6458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H06000155675 3

6/12

# Florida Department of State

## Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

# CORPORATION REINSTATEMENT

## ALGO'S ORNAMENTAL, INC.

| | |
|---|---|
| Certificate of Status | 1 |
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