

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 SEP 17 AM 8:00

DOCUMENT # P02000075304

1. Corporation Name

Green Acres Landscaping & Maintenance, Corp.

2. Principal Office Address
13825 SW 139 Court

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33186

Country
Dade

3. Mailing Office Address
P. O. Box 65-2731

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33265-2731

Country
Dade

REINSTATEMENT

03-04
MRD

**4. Date Incorporated or Qualified
To Do Business in Florida** 2002

5. FEI Number

☒ 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
Jesus Fernandez

Street Address (P.O. Box Number is Not Acceptable)
9790 SW 58 Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33173

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 MUST SIGN

Date

8-24-04

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
Pres.	Jesus Fernandez	9790 SW 58 Street	Miami, FL 33173
Sec.	Lisset Fernandez	9790 SW 58 Street	Miami, FL 33173

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-24-04 786-355-3520

CR2E081 (01/04)