PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB -8 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000077608**

1. Corporation Name

**OCAMPO LANDSCAPING INC**

REINSTATEMENT 0910
500168248445
02/08/10--01067--014 **300.00
CR2E081 (11/09)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 12355 69 ST NORTH | 12355 69 ST NORTH |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: WEST PALM BEACH, FL | City & State: WEST PALM BEACH, FL |
| Zip: 33412 / Country: US | Zip: 33412 / Country: US |

4. Date Incorporated or Qualified To Do Business in Florida: 7/17/02

5. FEI Number: 56-2283143 ☐ 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: CARLOS OCAMPO

Street Address (P.O. Box Number is Not Acceptable): 12355 69 ST NORTH

Suite, Apt. #, Etc.:

City: WEST PALM BEACH | State: FL | Zip Code: 33412

☑ 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.

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: Georgina Ocampo — REGISTERED AGENT MUST SIGN — Date: 2/5/10

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 |
|---|---|---|---|
| PD | CARLOS OCAMPO | 12355 69 ST NORTH | WEST PALM BEACH, FL 33412 |
| T | GEORGINA OCAMPO | 123355 69 ST NORTH | WEST PALM BEACH, FL 33412 |
| | | | M. MILLIGAN EXAMINER |
| | | | FEB -9 2010 |
| | | | |
| | | | |

10. E-mail Address: C-OCAMPO@ATT.NET
(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 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. 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: Georgina Ocampo — 2/5/10.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #