

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 MAR 23 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400030950524
03/23/04--01113--001 **150.00

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000086689			
1. Corporation Name MARIO'S NURSERY, INC.			
2. Principal Office Address 22105 SW 189 AVENUE		3. Mailing Office Address 18751 SW 308 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33170	Country USA	Zip 33030	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/09/02	
5. FEI Number 43-1973161	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name TOMAS, MARIO		
Street Address (P.O. Box Number is Not Acceptable) 18751 SW 308 STREET		
Suite, Apt. #, Etc.		
City HOMESTEAD	State FL	Zip Code 33030


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 _____ Date 03/19/04

REGISTERED AGENT MUST SIGN

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
PST	TOMAS, MARIO	18751 SW 308 STREET	MIAMI, FLORIDA 33030

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:  (305) 283-4355

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

CRE001 (01/04)

FILE COPY

Miami, Florida
June 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P02000086689
MARIO'S NURSERY INC.
18751 SW 308 Street
Homestead, FL 33170

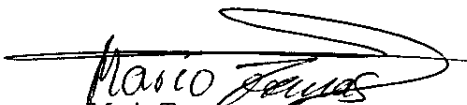
To Whom It May Concern:

Upon our conversation I am enclosing the 2003 UBR form after the specified date (05/01/2003) due that I never received the first notice. Enclose is a payment of \$150.00 dollars (Check No. 439) per your request.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,


Mario Tomas
President