

192
2004 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 JUN 30 AM 8:00

DOCUMENT # P02000093948

1. Corporation Name

ESPINOZA JR NURSERY, INC.

14550 SW 202 AVE

14550 SW 202 AVE

2. Principal Office Address

14550 SW 202 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

14550 SW 202 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33127

Country

USA

Zip

33127

Country

USA

REINSTATEMENT 03-04
MRS
5/2/03 90713 026 \$150.00

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

5. FEI Number

01-0742450

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

ESPINOZA JR., HONORATO

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

12695 SW 92 AVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33176

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 06/23/04

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
PSTD	ESPINOZA JR., HONORATO	12695 SW 92 AVE	MIAMI, FL 33176

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

06/23/04

Date

786-317-6468

Daytime Phone #

CR2001 (01/04)

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ESPINOZA JR NURSERY, INC.
14550 SW 202 AVE
MIAMI, FL. 33127

JUNE 23, 2004

GENTLEMEN:

THIS IS TO INFORM YOU THAT I DID NOT RECEIVE ANY CORRESPONDENCE FROM YOUR OFFICE, BECAUSE OF THIS REASON THE FILING FEE FOR THE ANNUAL UNIFORM BUSINESS REPORT, OF 2004, WAS OVERLOOKED. PLEASE ACCEPT THE ENCLOSED CHECK FOR \$150.00 USD. I WAS UNABLE TO OBTAIN A 2004 ANNUAL REPORT BECAUSE YOU HAVE ESPINOZA JR NURSERY, INC AS INACTIVE (DOCUMENT #P02000093948). PLEASE BE ADVISED THAT THE 2003 FILING FEE WAS PAID WITH CHECK NUMBER 1015 (ENCLOSED IS A COPY OF THE CHECK WITH THE 2003 REPORT, CHECK WAS CASHED THE 15TH OF MAY 2003). IF YOU NEED FURTHER INFORMATION REGARDING THIS MATTER PLEASE CONTACT ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR TIME.

VERY TRULY,


HONORATO EZPINOZA JR.