

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000098654**

1. Corporation Name

**INDOOR GARDENS OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**14816 SW 179TH STREET  
MIAMI FL 33187**

**14816 SW 179TH STREET  
MIAMI FL 33187**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/12/2002**

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	ELIZABETH ANN, PRADO	14816 SW 179TH STREET	MIAMI FL 33187
VP	ROBERTO, PRADO	14816 SW 179 TH STREET	MIAMI FL 33187
MD	ENRIQUE, PRADO	14816 SW 179TH STREET	MIAMI FL 33186
SEC	LEONOR, PRADO	17732 SW 137 PLACE	MIAMI FL 33177

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LEONOR, PRADO  
17732 SW 137 PLACE  
MIAMI FL 33177**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Leonor Prado*

REGISTERED AGENT MUST SIGN

Date

**12/15/03**

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 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:

*LEONOR PRADO*

*Enrique PRADO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/15/03**

Date

**305 233 0042**

Daytime Phone #

CR20040 (7/03)

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**INDOOR GARDENS**  
**14816 SW 179<sup>th</sup> Street**  
**(305) 233-0042**

December 15, 2003

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document #P02000098654

To whom it may concern,

This letter serves to inform you that Indoor Gardens of Florida, Inc. has not received the prior UER notices in order to reinstate this corporation. Enclosed is a check for \$150.00 for the filing fee.

Sincerely,

*Elizabeth Prado*

Elizabeth Prado  
President  
Indoor Gardens of Florida, Inc.