

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

05 JAN 24 AM 9:08

DOCUMENT # P02000098939

1. Corporation Name

MOTA LANDSCAPING INC.

2. Principal Office Address

15701 SW 24 STREET

Suite, Apt. #, etc.

City & State

MIRAMAR

Zip

FL

Country

US

3. Mailing Office Address

15701 SW 24 STREET

Suite, Apt. #, etc.

City & State

MIRAMAR

Zip

33027

Country

US

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/2002

5. FEI Number

02-0650577

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

MOGNA, JORGE L.

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

15701 SW 24 STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

1/20/05

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
P/S/T/D	MOGNA, JORGE L.	15701 SW 24 STREET	MIRAMAR FL 33027
			700045582797
			01/28/05--01015--022 **1050.00

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:

JORGE L. MOGNA

1/20/05

754-245-3758

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)