1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -7 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102706

1. Corporation Name

CAPOTE NURSERY, INC.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
17035 SW 189 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33187 / Country: MIAMI DADE	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/24/2002

5. FEI Number: 14-1847521 ☐ 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: JOSE LUIS CAPOTE

Street Address (P.O. Box Number is Not Acceptable): 17035 SW 189 AVE

400073499764
05/01/06--01054--020 **750.00

Suite, Apt. #, Etc.

City: MIAMI, FLORIDA | State: FL | Zip Code: 33187

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: Jose L Capote — REGISTERED AGENT MUST SIGN — Date: 04-06-06

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	JOSE LUIS CAPOTE	17035 SW 189 AVE	MIAMI, FL 33187
S	JOSE LUIS CAP[OTE	17035 SW 189 AVE	MIAMI, FL 33187
T	JOSE LUIS CAPOTE	17035 SW 189 AVE	MIAMI, FL 33187

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 contained in Chapter 119, 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: Jose L Capote PRESIDENT — 04/06/2006 — 786-5869221

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

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HIALEAH, APRIL 6, 2006

FLORIDA DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN BY THIS MEANS I JOSE LUIS CAPOTE PRESIDENT OF CAPOTE NURSERY, INC. WILL LIKE TO INFORM YOUR OFFICE. THAT I NEVER RENEW MY CORPORATION DOCUMENT FOR THE YEAR 2003, BECAUSE I NEVER RECEIVED THE RENEW FORM.

ENCLOSED YOU'LL FIND MY REINSTATEMENT APPLICATION.

THANK YOU,

JOSE LUIS CAPOTE (PRESIDENT)