

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 24 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000108701**

1. Corporation Name

MY COUNTRY'S FLORIST & WOODSHOP CORPORATION

Principal Place of Business

Mailing Address

1190 OPALOCKA BLVD.
N. MIAMI FL 33168

1190 OPALOCKA BLVD.
N. MIAMI FL 33168



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

794 West 84 Street

794 West 84 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hialeah, FL 33014

Hialeah, FL 33014

City & State

City & State

Zip
33014

Country
USA

Zip
33014

Country
USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/2002

5. FEI Number

061692508

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	QUINTERO, ALBERTO	1190 OPALOCKA BLVD.	N. MIAMI FL 33168
M,T	Maria Quintero	1190 Opalocka Blvd	N. Miami, FL 33168

700024980567
11/24/03--01088--009 **150.00

8. Name and Address of Current Registered Agent

QUINTERO, ALBERTO
1190 OPALOCKA BLVD.
N. MIAMI FL 33168

9. Name and Address of New Registered Agent

Name

Alberto Quintero

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

1190 Opalocka Blvd

Suite, Apt. #, Etc.

N. Miami FL 33168

City

N. Miami

State

FL

Zip Code

33168

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/03 305 554 506443

CR20040 (7/03)

11/20/23

Florida Dept of State

Doc # PO2000108701

From Mycountry Trust & Woodshop corp

I want to apply for the
penalty fee waiver, since

I did not receive the application

I am enclosing a check for

\$150.00.

Please note I have a new address change

794 West 84th
Hialeah, FL 33014