

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 OCT 20 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125769

1. Corporation Name

PAUL R. HERNANDEZ LANDSCAPING, INC.

Principal Place of Business

Mailing Address

301 NW 83 WAY  
PEMBROKE PINES FL 33024

301 NW 83 WAY  
PEMBROKE PINES FL 33024

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

11/26/2002

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
D	HERNANDEZ, PAUL R	301 NW 83 WAY	PEMBROKE PINES FL 33024

500023955855  
10/20/03 01050 020 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENOSCAL, SUZY  
9641 BROADVIEW TERRACE  
BAY HARBOR FL 33154

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-15-03

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:

SIGNATURE REQUIRED  
PAUL R. HERNANDEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 OCT 03 (305) 536-0240


CR2E040 (7/03)

PAUL R. HERNANDEZ LANDSCAPING INC.  
391 NW 83<sup>rd</sup> WAY  
PEMBROKE PINES, FL 33024

FOR DEPARTMENT OF STATE

15 October 2003

This is to inform you that I am requesting a waived for the penalty of UBR due to the fact that I never received any prior uniform business report (UBR) therefor I did not filed it. I thank you, and I can assure you that from now on I will follow up with it if I do not receive it on time. Thank you again for your cooperation.



PAUL R. HERNANDEZ  
LANDSCAPING INC.  
Director