

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 25 AM 9:16

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000004608

1. Corporation Name

GALDAMEZ LANDSCAPING CORP.

2. Principal Office Address - No P.O. Box #

35733 SW 186th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

35733 SW 186th Ave

Suite, Apt. #, etc.

City & State

Florida City, FL

City & State

Florida City, FL

Zip 33034

Country

Zip 33034

Country

000125553630  
04/24/08--01035--004 \*\*\$600.00  
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 01/10/03

5. FEI Number 05-0549773

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 Luis A. Galdamez

Street Address (P.O. Box Number is Not Acceptable)  
35733 SW 196th Avenue

Suite, Apt. #, Etc.

City Florida City

State FL Zip Code 33034

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.4508, F.S.

Signature of Registered Agent

*Luis A. Galdamez*

Date 4/18/08

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/D	Luis A. Galdamez	357 SW 196th Ave	Florida City, FL 33034

REINSTATEMENT 05 08

4/28/08

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:

*Luis A. Galdamez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/08

Daytime Phone #