

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 APR 26 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000023365

1. Corporation Name

Pestonit Gardens Inc

2. Principal Office Address

3551 SW 102 AVE  
Suite, Apt. #, etc.

3. Mailing Office Address

3551 SW 102 AVE  
Suite, Apt. #, etc.

City & State

miami FL

City & State

miami FL

Zip

33165

Country

USA

Zip

33165

Country

USA

**REINSTATEMENT**

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/26/03

5. FEI Number

75-3214277

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

Angela Pestonit

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

3551 SW 102 AVE

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33165

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

Angela Pestonit  
REGISTERED AGENT MUST SIGN

Date

4-25-06

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	Lazaro Alvarez	11463 SW 74 Str	miami FL 33173
S	Angela Pestonit	11463 SW 74 Str	miami FL 33173

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:

Angela Pestonit  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

(305) 559-1661  
Daytime Phone #

4/25/06