

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -7 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800162647098

12/07/09--01066--001 **158.75

800162647098

11/10/09--01003--006 **300.00

CR2E081 (10/09)

DOCUMENT # P03000041749

1. Corporation Name

Antonio's Greenery, Inc

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

785 SW 113 way

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 246346

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip Country

33025

City & State

Pembroke Pines, FL

Zip Country

33024

4. Date Incorporated or Qualified
To Do Business in Florida

4-14-03

5. FEI Number

65-0376011

☐ 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

Donovan Stanford

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

785 SW 113 way

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33025

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of

Registered Agent

Donovan Stanford

REGISTERED AGENT MUST SIGN

Date

11-5-09

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	Donovan Stanford	785 SW 113 way	Pembroke Pines, FL 33025
D	Deanna Stanford	785 SW 113 way	Pembroke Pines, FL 33025

10. E-mail Address: robinson134@msn.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Donovan Stanford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-09

Daytime Phone#