

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 26 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000057791

1. Corporation Name

PLANTAS & ACCESORIOS, INC

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

8851 HARDING AV

Suite, Apt. #, etc.

City & State

SURFSIDE, FL

Zip

33154

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT
(CR2E081)(1/07)

04-07

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/2003

5. FEI Number

01-0784726

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

SANABRIA MAURICIO

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

8851 HARDING AVE.

Suite, Apt. #, Etc.

City

SURFSIDE

State

FL

Zip Code

33154

☒ 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 617.0503, F.S.

Signature of
Registered Agent

X

REGISTERED AGENT MUST SIGN

Date 11/05/2007

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
PD	SANABRIA MAURICIO	8851 HARDING AVE	SURFSIDE, FL 33154
VRD	YEPEZ LARRY	5725 NW 114 PATH #104	MIAMI, FL 33178
VRD	YEPEZ FELIX	5725 NW 114 PATH #104	MIAMI, FL 33178
			100113390081 12/26/07--01004--022 **500.00
			100113390081 12/26/07--01004--023 **100.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/05/2007

Daytime Phone #

2082

December 12, 2007

Uniform Business Report
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Re: Uniform Business report & reinstatement
PLANTAS & ACCESORIOS, INC

P03111157791
EIN 01-0784726

Dear Sirs:

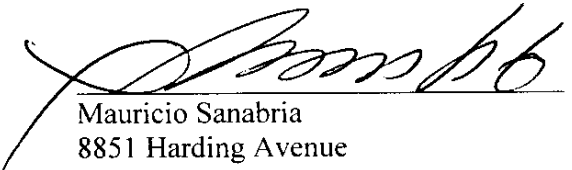
Attached please find Business Report and Reinstatement for above mention Corporation and money orders in the amount of \$ 600.00

We did not receive the 2004 to 2007 business report in time to file. Please accept the attached check in the amount of \$ 600.00 for 2004, 2005, 2006 and 2007 Uniform Business Report. Please, waive the fee for reinstatement.

I requested to the Internal Revenue Service and the EIN of the Corporation is ready.

If further information is needed please contact me

Sincerely,



Mauricio Sanabria
8851 Harding Avenue
Surfside, FL 33154