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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P03000129129

**1. Corporation Name**  
THE IMPERIAL LANDSCAPING & IRRIGATION, INC

3690 NW 15TH STREET

**2. Principal Office Address**  
3690 NW 15TH STREET

**3. Mailing Office Address**  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
MIAMI FLORIDA

**City & State**

**Zip**  
33125

**Country**  
DADE

**Zip**

**Country**

**REINSTATEMENT**

04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
86-1086906

**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**  
CARLOS ORELLANA

**Street Address (P.O. Box Number is Not Acceptable)**  
3690 N.W. 15TH STREET

Suite, Apt. #, Etc.

**City**  
MIAMI

**State**  
FL

**Zip Code**  
33125

900043298648

01/03/05--01025--013 \*\* 50.00

**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**

REGISTERED AGENT MUST SIGN

**Date** 12-28-04

**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	ORELLANA, CARLOS	3690 NW 15TH STREET	MIAMI FL 33125
V-P	MANUEL LEMUS	3690 NW 15TH STREET	MIAMI FL 33125

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 12-28-04

**Daytime Phone #** 786-262-3596

CR2E081 (01/04)

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The Imperial Landscaping & Irrigation, Inc.  
3690 NW 15<sup>th</sup> Street  
Miami FL 33125  
P03000129129

December 29, 2004

Florida Department of State  
Division of Corporation  
P.O.Box 6327  
Tallahassee FL 32314

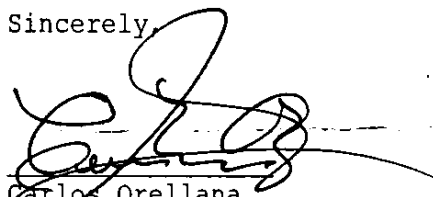
Dear Secretary of State:

I would like to, please, request reinstatement and penalty exemption for late payment on the Annual Report for 2004. The reason is because I did not know about this corporate fee, as well as, I never received a notice about it.

I need to keep my business open to provide me with a job. Furthermore, I cannot afford the penalty fee because the business is not doing well. I am enclosing a check for \$150 dollars to pay for 2004.

I will really appreciate your help and consideration to this matter. Should you need any information, you can reach me at: (786)262-3596.

Sincerely,



Carlos Orellana  
President