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2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000129129 1. Entity Name THE IMPERIAL LANDSCAPING & IRRIGATION, INC.							FILED 05 OCT 14 PM 6: 05 SECRETARY LATE							
Principal Place of Business 3690 NW 15TH ST. MIAMI, FL 33125			3	ailing Address 690 NW 15TH ST. IIAMI, FL 33125			W.		TALLA	HASSEE	, FLORI	DA		
2. Principal Place of Business 3				3. Mailing Address			1	_				•		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			S	和阻	NCEE	98 (6/04)	2005	<u>S_</u>		
City & State			(City & State			4. FEI Number 86-1086906				<u> </u>	plied For t Applicable	Wor	
Zip	Country		7	Zip		try	5. Certificate of Status Desired			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						Name	7. Name and	Addres	s of New R	egistered A	gent .			
ORELLANA, CARLOS 3690 NW 15TH ST. MIAMI, FL 33125						Street Address (P.O. Box Number is Not Acceptable)								
						City				FL	Zip Code	e	-	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptate obligations of registered agent. SIGNATURE Signate: Typed or putted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE														
FiLE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00											.193(2)(b), e the prior r		 	
10.		OFFICERS A	ND DIREC		11.		ADDITIONS	/CHANG	ES TO OFF	ICERS AND]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete ORELLANA, CARLOS 3690 NW 15TH ST. MIAMI, FL 33125					e E Eet address St Zip	70/14	DD0 4/05-	0 6 08 -01054	5270 012	□ Change □□ 7 **150	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEMUS, I 3690 NW MIAMI, F	15TH ST.		☐ Delete					:		Change	Addition		
TITLE NAME STREET ADDRESS* CITY-ST-ZIP				☐ Delete							☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Deiete		l l					Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	EET ADDRESS '-ST-ZIP					☐ Change	Addition	-	
of the cor	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Date Dayline Phone #													
SIGNAT	URE:	SIGNATURE AND TYPED	OR PRINTE	HAME OF SIGNING OFFICER	OR DIREC	TOR	10	7 <i>D</i> 2	· 0 5	205/6	34 - 7 Paytime Phone #	480		

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THE IMPERIAL LANDSCAPING & IRRIGATION, INC 3690 NW 15TH STREET Miami FL 33125.

Document # P03000129129

October 10, 2005

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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 2005. The reason is because I did not know about this corporate inactive, 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 2005.

I will really appreciate your help and consideration to this matter. Should you need any information, you can reach me at: (305)634-7980

Sincerel

ARLOS ORELLANA

President