

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 27 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000019212

1. Corporation Name

JAY NURSERY & LANDSCAPING CORP

W07-47591

2. Principal Office Address - No P.O. Box #
7101 SW 185 WAY

3. Mailing Office Address
7101 SW 185 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SOUTHWEST RANCHES, FLORIDA

City & State
SOUTHWEST RANCHES, FLORIDA

Zip
33332

Country
US

Zip
33332

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **01/27/2004**

5. FEI Number **200731533**

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
EGHBAL JALALI

Street Address (P.O. Box Number is Not Acceptable)
7101 SW 185 WAY

Suite, Apt. #, Etc.

City
SOUTHWEST RANCHES

State
FL

Zip Code
33332

☒ 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

REGISTERED AGENT MUST SIGN

Date **09/18/2007**

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
P	EGHBAL JALALI	7101 SW 185 WAY	SOUTHWEST RANCHES, FLORIDA 33332
VP	PARIVASH JABERI	7101 SW 185 WAY	SOUTHWEST RANCHES, FLORIDA 33332

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:

EGHBAL JALALI

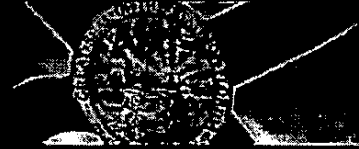
(PRESIDENT) 09/18/2007

954 240 2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE
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JAY NURSERY & LANDSCAPING, CORP

Filing Information

Document Number P04000019212
FEI Number 200731533
Date Filed 01/27/2004
State FL
Status INACTIVE
Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed 09/15/2006
Event Effective Date NONE

Principal Address7401 SW 185TH WAY
FORT LAUDERDALE FL 33332 US

Changed 03/01/2004

Mailing Address7401 SW 185TH WAY
FORT LAUDERDALE FL 33332 US

Changed 03/01/2004

→ Address correction has been made
in reinstatement form.

Registered Agent Name & AddressEGHBAL, JALALI
17401 SW 185TH WAY
FORT LAUDERDALE FL 33332 US

) Address correction has been made
in reinstatement form.

Officer/Director Detail**Name & Address**

Title P

EGHBAL, JALALI
17401 SW 185TH WAY
FORT LAUDERDALE FL 33332 US

Title VP

PARVISH, JABERI
17401 SW 185TH WAY
FORT LAUDERDALE FL 33332 US**Annual Reports**

Report Year Filed Date
2005 10/06/2005