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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUN -2 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000150120**

1. Corporation Name **MIAMI GARDENS NURSERY, INC.**

2. Principal Office Address

4600 N.W. 167 ST

Suite, Apt. #, etc.

City & State

MIAMI GARDENS

Zip

33054

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

33054

Country

U.S.A.

REINSTATEMENT 05-06
CR22081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 1, 2004

5. FEI Number

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 G SANCHEZ

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

4600 N.W. 167 ST

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33054

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

6-1-06

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.	SANCHEZ CARLOS G.	4600 N.W. 167 ST	MIAMI GARDENS FL 33054
VP.	SANCHEZ GILBERTO	19010 N.W. 48 PL	MIAMI FL 33055

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

6-1-2006

Daytime Phone #

JUNE 1, 2006 2/2

FL Dept of STATE.
Secretary of STATE
Division of Corporations

Re: MIAMI GARDENS NURSERY, INC
4600 NW 167 ST
MIAMI GARDENS, FL 33057
Document# P04000150120
305-620-7446.

DEAR SIR :

We never received the annual reports for the
years 2005 & 2006.

I have also been in the hospital with a hip
replacement and have had problems in following
up with my business.

Please help me with the fees!

Sincerely,
