

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR 19 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000162923

1. Corporation Name

RAMON LANDSCAPING SERVICE, INC.

**REINSTATEMENT**

CR2E081 (12/07)

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

29931 SW 147TH CT.

Suite, Apt. #, etc.

3. Mailing Office Address

29931 SW 147TH CT.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL.

City & State

HOMESTEAD, FL.

Zip

33033

Country

U.S.A.

Zip

33033

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/2004

5. FEI Number

20-1966088

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

JUAN RAMON ERAZO

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

29931 SW 147TH CT.

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33033

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 03/13/08

**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      | JUAN RAMON ERAZO                  | 29931 SW 147TH CT.                             | HOMESTEAD, FL. 33033 |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |

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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:

JUAN RAMON ERAZO

03/13/08

(305) 793-6546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #