

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000013000

**Entity Name:** FLORAHOME NURSERY, INC.

**FILED**  
**Aug 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1020 ALPHONSO LANE  
VENUS, FL 33960

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 557622  
MIAMI, FL 33255

**New Mailing Address:**

1020 ALPHONSO LANE  
VENUS, FL 33960

**FEI Number:** 04-3804685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERNANDEZ, LUIS M  
1020 ALPHONSO LANE  
VENUS, FL 33960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LUIS M. HERNANDEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HERNANDEZ, LUIS M  
Address: 1020 ALPHONSO LANE  
City-St-Zip: VENUS, FL 33960

Title: D  
Name: HERNANDEZ, ORPHA M  
Address: 1020 ALPHONSO LANE  
City-St-Zip: VENUS, FL 33960

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ORPHA M. HERNANDEZ

VICE

08/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date