## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000058255

Entity Name: LAS MERCEDES NURSERY, INCORPORATED

FILED Nov 21, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
18925 SOL MIAMI, FL	JTHWEST 224 33170	ST.			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
18925 SOL MIAMI, FL	JTHWEST 224 33170	ST.			
FEI Number:	20-2751185	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SOTO, LIL 15287 SW MIAMI, FL	32ND TERRAC	E			
	named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: LILLIAN M	SOTO			
	Electronic	Signature of Registered Age	ent	Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () [ GALGUERA, JOS 9820 SW 44 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ()[ TORRES, IVON 9820 SW 44 ST MIAMI, FL 3316	Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IVON TORRES D 11/21/2006