

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 11 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000059656**

1. Corporation Name **COELHO PLANTS & FLOWERS
INC**

W10 — 4614

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

122 AKRON RD.

3. Mailing Office Address

SAVIE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKEWORTH

City & State

Zip

33467

Country

Zip

Country

REINSTATEMENT 0810

CR2E081 (11/09)

4. Date incorporated or Qualified
To Do Business in Florida

5-1-05

5. FEI Number

161728162

☐ 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

GABRIEL COELHO

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

122 AKRON RD.

Suite, Apt. #, Etc.

City

LAKEWORTH

State

FL

Zip Code

33467

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-25-10**

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
OWNER	GABRIEL COELHO	122 AKRON RD LAKEWORTH.	FL 33467
			01/28/10--01033--004 **150.00
			02/05/09 01027 014 \$300.00

10. E-mail Address: **RICHARD COELHO AT ATT.NET.**

(To be used for future annual report notification)

11. 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, I further certify 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

1-25-10

561.929.2798

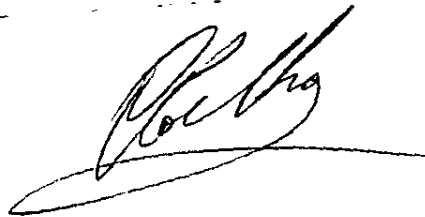
Date

Daytime Phone #

1-25-10

My corporation was dissolved because we did not received the 2008 return form. It was sent to the previous address my new address is on the form. We already paid (300.00) three hundred dollars in 2009, here is another check the sum of one hundred & fifty (150.00) for 2010.

Thank You.

A handwritten signature in black ink, appearing to be "Rochy", written over a horizontal line.