

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC -3 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000054955

1. Entity Name
SALAZAR'S TWO SISTERS NURSERY, INC.



Principal Place of Business
7752 SW 2 STREET
MIAMI, FL 33144

Mailing Address
7752 SW 2 STREET
MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11072007 REIN-P CR2E098 (1/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, MARTIN
7752 SW 2 STREET
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Martin Salazar

Signature, typed or printed name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/10/07

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SALAZAR, MARTIN
STREET ADDRESS 7752 SW 2 STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE D ☐ Delete
NAME SALAZAR, MIRTA
STREET ADDRESS 7752 SW 2 STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE D ☐ Delete
NAME SALAZAR, FRANCES
STREET ADDRESS 7752 SW 2 STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin Salazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/07

DATE

Daytime Phone #

12/4/07