


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Innokalee Landscape, Inc. PO6000078572			
2. Principal Office Address - No P.O. Box # 895 Tippins Terr. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 99 Suite, Apt. #, etc.	
City & State Innokalee FL		City & State Innokalee FL	
Zip 34142	Country USA	Zip 34143	Country USA
7. Name and Address of Current Registered Agent Name Armando Ayala Street Address (P.O. Box Number is Not Acceptable) 895 Tippins Terrace Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/08/10-01054-015 CR2E081 (6/10) 5. FEI Number 204999866 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Innokalee		State FL	Zip Code 34142
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 Armando Ayala Date 11-4-10 REGISTERED AGENT MUST SIGN			
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	Armando Ayala	895 Tippins Terr	Innokalee FL 34142
			S. HAWKES
			NOV 9 2010
REINSTATEMENT			EXAMINER
2010			
10. E-mail Address: akayala@aol.com (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: Armando Ayala 11-4-10 239-503-7110 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

Armando Ayala