

P16000002646

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2022 NOV - 4 AM 11:16

100897284105

11/02/2022 11:03 AM \$500.00

500897284105

11/02/2022 11:04 AM \$500.00

CR2021 (11/10)

CORPORATION REINSTATEMENT
2018-2022



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16000002646

1. Corporation Name
MARTINEZ LANDSCAPING INC

2. Principal Office Address - No P.O. Box #
9781 SW 155 AVE

3. Mailing Office Address
9781 SW 155 AVE

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33196 US

Zip Country
33196 US

4. Date Incorporated or Qualified To Do Business in Florida
01/12/2016

5. FEI Number
81-1112346

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
HERNAN MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)
9781 SW 155 AVE

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33196

500897284105

11/02/2022 11:04 AM \$500.00

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  Date: **11/02/2022**

REGISTERED AGENT MUST SIGN

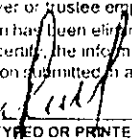
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HERNAN MARTINEZ	9781 SW 155 AVE	MIAMI, FL 33196

10. E-mail Address: **YURISANSERRANO@YAHOO.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  Date: **11/02/2022** Daytime Phone #: **786-786-3443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-R

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MARTINEZ LANDSCAPING INC

REINSTATEMENT W/NAME CHANGE

Signature _____

Requested by: SETH

11/03/22

Name

Date

Time

Walk-In

Will Pick Up

RECEIVED

2022 NOV -4 AM 4:43

TALLAHASSEE, FLORIDA

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____