P16000002646

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2022 NOV -4 AM 11:16

CORPORATION REINSTATEMENT

2018 - 2022

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100397783801
11/02/22--01001--003 **500.00

500397784105
11/02/22--01001--004 **500.00

CR2E031 (11/10)

500397784105
11/02/22--01001--005 **350.00

DOCUMENT # P16000002646

1. Corporation Name

MARTINEZ LANDSCAPING INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9781 SW 155 AVE		9781 SW 155 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FLORIDA		City & State: MIAMI, FLORIDA	
Zip: 33196	Country: US	Zip: 33196	Country: 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: MIAMI State: FL Zip Code: 33196

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] 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: [signature] 11/02/2022 786-786-3443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

Name

11/03/22
Date

Time

Walk-In

Will Pick Up

- ____ 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____