PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DIMISION OF CONFIRM A LIVE

2021 APR - 1 FH 12: 07

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DOCUMENT # P19000	0005	53							
Vivo Landscaping Di	esign O	n The	26	o Inc.					
2. Principal Office Address - No PO Box # 5631 W 21th CT, Higgerh Fl Suite, Apt #, etc.	Office Address V 21 th CT T F1, 35016 Letc				04/01/2101019022 **750.00 CR2E081 (11/10)				
City & State	City & State						iness in Florida		
Hioleah, Florida	h. Florida] •	5. FEI Number Applied For 83-204-2466 Not Applicable				
Zip Country	Zip	 -	Count		6.			\$9.75 A-44	Not Applicable
33016	33016)				CERTIFICAT	FE OF STATUS DESIRED		tificate of Status
7. Name and Address of	of Current Regis	tered Ager	nt						
Name MODUCAL COVERIES GOVE	nál								
MONICU COTTCUES 601 CICU Street Address (P.O. Box Number is Not Acceptable)									
5631 W 21 CT					_				
Suite, Apt #, Etc									
City State Zip Code FL 33016									
8. I, being appointed the registered agent of the abi	ove named corpo	eration, am i	familiar v	with and accept th	e obliga	itions of sect	on 607 0505 or 617 050	3, F \$	
Signature of Registered Agent						Date 03 - 25 - 2021			
R	EGISTERED AG	ENT MUST	SIGN						
Names and Street Addresses of Each Officer an	d/or Director (Flo	orida nonpro	ofit corpo	vations must list a	it least 3	directors)			
Titles Name of Officers and/or Directors				eet Address of Ea ficer and/or Direc			City / State / Zip		
mendent monica corrales 60	ircia	5631	W.	21 th C7	T		Hicleah, Fl	3301	16
							<u> </u>		
REINSTA	TEM	EN'	ì						
241							APR 0.1 20	121	
							R. HUN	 T	

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 fling 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 aron 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 owed by the corpor if made under oath am awake 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.

The 60 Inc To be used for future annual report notification)

SIGNATURE

10. E-mail Address: VIVO Landscaping

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Design on

7863220324 Date

Daytime Phone ■