APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019057

1. Corporation Name

EDWARD BILBAO LANDSCAPE DESIGNS, INC.

Principal Place of Business	Mailing Address
4195 PARK AVENUE MIAMI, FL 33133	4195 PARK AVENUE MIAMI, FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4195 PARK AVENUE	4195 PARK AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/22/93

5. FEI Number: 65-0391447 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	EDUARDO BILBAO	4195 PARK AVENUE	MIAMI, FL 33133

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***1758.75 ***1758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

EDUARDO BILBAO
4195 PARK AVENUE
MIAMI, FL 33133

9. Name and Address of New Registered Agent

Name: EDUARDO BILBAO
Street Address (P.O. Box Number is Not Acceptable): 4195 PARK AVENUE
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33133

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 2/3/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30, 2000 Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/4/00

Daytime Phone #: (305) 666-0510