

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 20 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019463

1. Corporation Name

F&C NURSERY, INC.

2. Principal Office Address

16401 SW 232 STREET

Suite, Apt. #, etc.

City & State

GOULDS, FLORIDA

Zip

33170

Country

USA

3. Mailing Office Address

16401 SW 232 STREET

Suite, Apt. #, etc.

City & State

GOULDS, FLORIDA

Zip

33170

Country

USA

REINSTATEMENT 98-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/14/94

5. FEI Number
65-0476217

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

MUNOZ, CARMEN

Street Address (P.O. Box Number is Not Acceptable)

16401 SW 232 STREET

Suite, Apt. #, Etc.

City

GOULDS

State

FL

Zip Code

33170

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 09/17/04

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
PD	MUNOZ, CARMEN	16401 SW 232 STREET	GOULDS, FL 33170
VD	MUNOZ, FELIX D.	16401 SW 232 STREET	GOULDS, FL 33170

300041172738
09/20/04--01046--001 **1050.00

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/17/04

Date

(305) 248-0245

Daytime Phone #

CR2E081 (01/04)

PS 282

Goulds, Florida
September 17, 2004

Division of Corporations
Reinstatement Department
P.O. Box 6327
Tallahassee, FL 32314

Re: P94000019463
F&C NURSERY, INC.
16401 SW 232 STREET
GOULDS, FL 33170

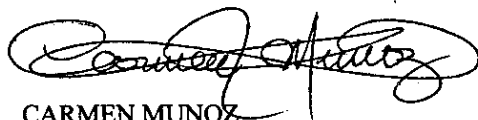
To Whom It May Concern:

Upon our conversation I'm enclosing the Corporation Reinstatement Form downloaded from the Internet. I just realized that my company was inactive; I have not received any related notices since 1998.

As per your request I'm enclosing the form with the \$1050.00 fee corresponding from the period of 1998 to 2004, and requesting to your office waive the penalties incurred in this situation.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



CARMEN MUNOZ
PRESIDENT