FILED
SECRETARY OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 NOV 20 PM 5:24

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025973

REINSTATEMENT 2012

1. Corporation Name
Tadala's Nursery, Inc.
18900 SW 63rd Street
Southwest Ranches, FL 33332

400241190894
11/21/12--01002--001 **60U.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18900 SW 63rd Street	18900 SW 63rd Street
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: SW Ranches, FL	City & State: SW Ranches, FL
Zip: 33332 Country: USA	Zip: 33332 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/94

5. FEI Number: 65-0481937 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Carlos Pradilla

Street Address (P.O. Box Number is Not Acceptable): 18900 SW 63rd Street

Suite, Apt. #, Etc.: N/A

City: SW Ranches State: FL Zip Code: 33332

400241190894
10/25/12--01039--010 **150.00

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: 10/25/12

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	Carlos Pradilla	18900 SW 63rd Street	SW Ranches, FL 33332
V	Patricia Pradilla	18900 SW 63rd Street	SW Ranches, FL 33332
V	Daniel Pradilla	18900 SW 63rd Street	SW Ranches, FL 33332
S	Laura M Pradilla	18900 SW 63rd Street	SW Ranches, FL 33332

10. E-mail Address: tadalas@gmail.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOV 20 2012
D. BUTLER