

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -2 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030778

**1. Corporation Name**

A-1 PEREZ NURSERY & Farm, Inc.

**2. Principal Office Address**

20700 SW 167 Ave.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33187

Country

USA

**3. Mailing Office Address**

20700 SW 167 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33187

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07-01-1994

**5. FEI Number**

65-0491991

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

PEREZ Luis M

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

20700 SW 167 AVENUE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33187

000074539210

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**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

4/25/06

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
D	PEREZ Luis M	20700 SW 167 Ave	Miami, FL 33187
	<i>[Signature]</i>		

**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 contained in Chapter 119, 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]*

LUIS M. PEREZ

Date

4/25/06

Daytime Phone #

(786) 251-0596