

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR 95-97
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAR 10 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 940000 41040**

1. Corporation Name

GREEN ACRES LANDSCAPE & MAINTENANCE, INC
P. O. BOX 65-0414
MIAMI, FL 33265-0414

Principal Place of Business

13825 SW 139th Court
Miami, FL 33184

Mailing Address

P. O. Box 65-0414
Miami, FL 33265-0414

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

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1993 1994

5. FEI Number

65-0179432

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|------------------------|--------------------------------------|---|------------------------|
| 1 | 2 | 3 | 4 |
| Pres. | Jesus M. Fernandez | 9790 SW 58 Street | Miami, FL 33173 |
| Trea / Sec. | Lisset Fernandez | 9790 SW 58 Street | Miami, FL 33173 |
| Dir. | | | |
| | | | |
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300002111893-7
03/12/97-01120-009
*****1080.00 ***1080.00**

REINSTATEMENT 95-97
U. Alan
3/10/97

8. Name and Address of Current Registered Agent

Green Acres Landscape & Maintenance, Inc.
P. O. Box 65-0414
Miami, FL 33265-0414

9. Name and Address of New Registered Agent

Name **Jesus M. Fernandez**
Street Address (P.O. Box Number is Not Acceptable) **9790 SW 58 Street**
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33173**

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

2-16-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-97