

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068765**

1. Corporation Name
OTERO NURSERIES INC.

REINSTATEMENT 02

200009444602
12/10/02--01106--004 **750.00

2. Principal Office Address
9351 155th Lane So.
Suite, Apt. #, etc.

3. Mailing Office Address
9351 155th Lane So
Suite, Apt. #, etc.

City & State
Delray Beh. Fl.
Zip
33446
Country
USA

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Zip
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USA

4. Date Incorporated or Qualified
To Do Business in Florida
1995

5. FEI Number
65-0523879
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Angel Otero
Street Address (P.O. Box Number is Not Acceptable)
9380 155th Lane So.
Suite, Apt. #, Etc.
City
Delray Beh

State
FL
Zip Code
33446

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
Angel Otero
REGISTERED AGENT MUST SIGN

Date
12-9-02

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
Pres.	Angel Otero	9380 155th Lane So.	Delray Beach, Fl. 33446

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: **Angel Otero**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-02
Date

406-3841
Daytime Phone #