

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073867

1. Corporation Name

GREENWORKS LANDSCAPING SERVICES, INC.

2. Principal Office Address

3239 West Trade Avenue

Suite, Apt. #, etc.

Suite 8

City & State

Miami, Fla.

Zip

33133-3622

Country

3. Mailing Office Address

3239 West Trade Avenue

Suite, Apt. #, etc.

Suite 8

City & State

Miami, FL

Zip

33133-3622

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/94

5. FEI Number

65-0605645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

Mejer, Alvaro L.

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

2600 Douglas Road

Suite, Apt. #, Etc.

Suite 1111

City

Coral Gables

State

FL

Zip Code

33134

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

*Alvaro L. Mejer*

Date

10/17/03

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	Mejer, Luis E.	3239 West Trade Ave. Suite 8	Miami, FL 33133-3622

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:

*Luis E. Mejer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis E. Mejer

Date

10/17/03 305-4456230

Daytime Phone #

CR2E081 (10/02)