

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 20 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **Pa5000075478**

1. Corporation Name

Joseph Landscaping Inc

300072136453

04/26/06--01022--002 **300.00

2. Principal Office Address

645 NE 150 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

N Miami FL

City & State

Zip

33161

Country

USA

Zip

Country

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592921866

☒ 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

Joseph Mejit

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

645 NE 150 ST

Suite, Apt. #, Etc.

City

N. Miami # 33161

State
FL

Zip Code

33161

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]

REGISTERED AGENT MUST SIGN

Date

4/15/06

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	Joseph Mejit	645 NE 150 ST	N. Miami FL 33161

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

4/15/06

Daytime Phone #

305-807-4254

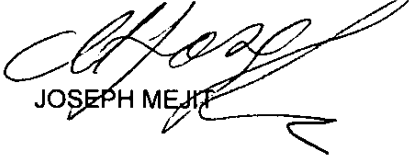
2012

RE: P95000075478
JOSEPH LANDSCAPING INC.
645 NE 150 STREET
N MIAMI, FL 33161

TO WHOM IT MAY CONCERN,

I AM WRITTING THIS LETTER TO ASK THAT I AM ALLOWED TO PAY THE \$ 150.00 ANNUAL REPORT FEE WITHOUT THE PENALTY. I AM SORRY THAT YOU DID NOT RECEIVE THE PAYMENT LAST YEAR. I PERSONALLY MAILED THE CHECK WITH THE ANNUAL REPORT IN THE ENVELOP THAT WAS PROVIDED TO ME BY MY ACCPOUNTANT. I NEVER RECEIVE THAT CHECK BACK.THEREFORE, I THOUGHT EVERYTHING WAS FINE UNTILL I RECEIVE A LETTER FROM THE STATE STATING THAT MY PAYMENT WAS NOT RECEIVED.

SORRY FOR THE INCONVENIENCE.


JOSEPH MEJIT

\$150⁰⁰ reinstatement fee
\$150⁰⁰ Annual report fee 2005

\$300