PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV -7 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000082185**

1. Corporation Name

MARRERO & SON NURSERY, INC.

Principal Place of Business	Mailing Address
6490 SW 130 AVENUE APT 4 MIAMI FL 33183	6490 SW 130 AVENUE APT 4 MIAMI FL 33183

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
P.O. Box 971462	P.O. Box 971462
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, FL	Miami, Florida
Zip: 33157 / Country	Zip: 33157 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/1995

5. FEI Number: 65-0670177 — ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARRERO, GERARDO	6490 SW 130 AVENUE APT 4	MIAMI FL 33183
SD	MARRERO, NORMA L	6490 SW 130 AVENUE APT 4	MIAMI FL 33183
TD	Marrero, Sandra	P.O. Box 971462	Miami, FL 33157
			300003482043--8
			-11/30/00--01105--012 ****158.75 ****158.75
		178	

8. Name and Address of Current Registered Agent

MARRERO, GERARDO
6490 SW 130 AVENUE APT 4
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

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 REQUIRED — Date: 11/2/00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Norma L. Marrero — 11/2/00 — (305)596-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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