

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

02 APR 22 PM 6:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-96000002394

1. Corporation Name  
JOSE LANDSCAPING & MAINTENANCE CORP

500005493035--4  
-05/09/02--01003--001  
\*\*\*1200.00 \*\*\*1200.00

2. Principal Office Address  
9840 SHERIDIAN Street

3. Mailing Office Address  
9840 SHERIDIAN Street

Suite, Apt. # etc.  
# 309

Suite, Apt. # etc.  
# 309

City & State  
PEMBROKE PINES

City & State  
PEMBROKE PINES

Zip  
33024

Country  
BROWARD

Zip  
33024

Country  
BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
05-0629740

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  
JOSE M. PRIETO

Street Address (P.O. Box Number is Not Acceptable)  
9840 SHERIDIAN ST

Suite, Apt. #, Etc.  
# 309

City  
PEMBROKE PINES

State Zip Code  
FL 33024

B. 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

REGISTERED AGENT MUST SIGN

Date

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
PRE.	JOSE M. PRIETO	9840 SHERIDIAN ST #309	PEMBROKE PINES FL 33024

REINSTATEMENT 99-07

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)(b) 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: President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-02

Date Daytime Phone #