

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
97 AR  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000068015

1. Corporation Name

WEST KENDALL NURSERY, INC.

Principal Place of Business

12678 S.W. 8TH STREET  
MIAMI FL 33184

Mailing Address

12678 S.W. 8TH STREET  
MIAMI FL 33184

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

2. New Principal Office Address, If Applicable

10100 SW 177 AVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10100 SW 177 AVE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/1996

5. FEI Number

65-0700168

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| PSTD          | ABREU, JOSE                               | 12678 S.W. 8TH STREET  | MIAMI FL 33184          |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
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|               |   |  |                         |

600002350976-- 7  
-11718797--01085--013  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

GREENFIELD, ALAN E ESQ.  
2800 DOUGLAS ROAD  
SUITE 911  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

ANN C. ABREU

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

10100 SW 177 AVE

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33196

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

Ann C. Abreu

REGISTERED AGENT MUST SIGN

Date 11-15-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Ann C. Abreu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/97

Date

Daytime Phone #

CP2E040 (8/97)