

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Andrew B. McNamara
 Secretary of State
 DIVISION OF CORPORATIONS

977 AR

FILED

97 NOV 17 PM 12:11

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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		3. New Mailing Office Address, If Applicable 10100 SW 177 AVE		4. Date Incorporated or Qualified To Do Business in Florida 08/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0700168	
City & State MIAMI		City & State MIAMI		Applied For Not Applicable	
Zip FL 33196	Country	Zip FL 33196	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	ABREU, JOSE	12678 S.W. 8TH STREET	MIAMI FL 33184

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

Date **11/15/97**
 Daytime Phone #

CPRE040 (8/97)