

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000005552

1. Corporation Name

J.A.'S NURSERY OF DADE, INC.

Principal Place of Business

16831 S.W. 216TH ST.
MIAMI FL 33170

Mailing Address

16831 S.W. 216TH ST.
MIAMI FL 33170

2002 uBR



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

4. Date Incorporated or Qualified To Do Business in Florida

01/14/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0348868

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country

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	4 City / State / Zip
P	ACOSTA, JUAN	12406 S.W. 192ND TERRACE	MIAMI FL 33077
T	ACOSTA, MARIA	12406 S.W. 192ND TERRACE	MIAMI FL 33077
S	ACOSTA, EDUARDO	12406 S.W. 192ND TERRACE	MIAMI FL 33077

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10729702--01043--007 **150.00

8. Name and Address of Current Registered Agent

ACOSTA, JUAN
12406 SW 192 TERRACE
MIAMI FL 33077

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of Registered Agent

Juan Acosta

SIGNATURE REQUIRED
JUAN ACOSTA

REGISTERED AGENT MUST SIGN

Date 10/24/02

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)(f), 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

Juan Acosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/24/02 Daytime Phone #

CR2E040 (8/02)

62

2052



GROWERS & SHIPPERS OF FINE FOLIAGE

16831-SW-216 STREET - MIAMI, FL. 33170
OFFICE: 305-254-8274 FAX: 305-232-7088

October 22, 2002

JA's Nursery of Dade, Inc.
16831 Southwest 216 Street
Miami, Florida 33170-1801


Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

This is to inform your department that my office never received the notices sent for the Uniform Business Report. This report was filled out by us with the corresponding fee last year and like the other 15 semi years that this business has been around. I realize the importance of this report and my office would not have ignored the notices if we had received them, furthermore I find it hard to believe that this notice was sent twice as your "Important Facts" sections states.

In conclusion, I would like to ask for the reinstatement fee to be waived and for your office to accept the for-profit corporation fee of \$ 150.00 ck#----- Please accept or sincere apology for any inaccuracy.

Thank You,


Juan Acosta
President