

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY 27 PM 3:13

SECRET  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000017385

**1. Corporation Name**

SOUTH FLORIDA EXOTIC MUSHROOMS, INC.

**2. Principal Office Address**

2100 PONCE DE LEON BLVD

Suite, Apt. #, etc.

600

City & State

CORAL GABLES

Zip

33134

Country

USA

**3. Mailing Office Address**

2100 PONCE DE LEON BLVD

Suite, Apt. #, etc.

600

City & State

CORAL GABLES

Zip

33134

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/23/98

**5. FEI Number**

65-0836656

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

JORGE L. GURIAN

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

2100 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

600

City

CORAL GABLES

State

FL

Zip Code

33134

**8. 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

Date 5/26/05

REGISTERED AGENT MUST SIGN

**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
PSD	MIGUEL HERNANDEZ	2100 PONCE DE LEON BLVD.	CORAL GABLES, FL 33134
		SUITE 600	

900055979519  
06/09/05--01061--017 \*\*908.75

**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)(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:**

MIGUEL HERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/05 305-279-4101

Date

Daytime Phone #

# Jorge L. Gurian, P.A.

2005

May 26<sup>th</sup>, 2005

Division of Corporations  
State of Florida  
409 East Gaines Street  
Tallahassee, FL 32399

Re: SOUTH FLORIDA EXOTIC MUSHROOMS INC.(P98000017385)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for South Florida Exotic Mushrooms, Inc. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2000, 2001, 2002, 2003, 2004 or 2005. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the years 2000, 2001, 2002, 2003, 2004 and 2005.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

  
JORGE L. GURIAN

  
MIGUEL HERNANDEZ

Enclosure