

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000047363**

1. Corporation Name

CARLOS & SONS PLANT SALES INC.

Principal Place of Business	Mailing Address
16601 SW 64ST FORT LAUDERDALE FL 33331	20350 SW 3RD STREET PEMBROKE PINES FL 33029

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Zip
Country	Country

4. Date Incorporated or Qualified To Do Business in Florida	05/22/1998
5. FEI Number	65-0847625
	<input checked="" type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TORRES, CARLOS JR	20350 SW 3RD STREET	PEMBROKE PINES FL 33029

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TORRES, CARLOS 20350 SW 3RD STREET PEMBROKE PINES FL 33029	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City <input type="checkbox"/> State <input type="checkbox"/> Zip Code FL

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-25-02**

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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-25-02** Daytime Phone #