

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 4:31

DOCUMENT # P98000067285

1. Corporation Name

A & J NURSERY, INC.

Principal Place of Business

Mailing Address

20805 SW 172 AVE
MIAMI FL 33157

PO BOX 570520
MIAMI FL 33257
US



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0854700

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WILKINS, PAUL D	19200 SW 88 CT.	MIAMI FL 33157
D	WILKINS, TAMARA E	19200 SW 88 CT.	MIAMI FL 33157

700023366727
10/21/03--01044--020 **150.00

8. Name and Address of Current Registered Agent

GARCIA, WILLIAM ESQ.
201 ALHAMBRA CIR, STE 500
CORAL GABLES FL 33134-5107

9. Name and Address of New Registered Agent

Name

Jorge E. DE LA HOZ, CPA

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

304 PALERMO AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Jorge de la Hoz

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Tamara Wilkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03 305 232-3637

Daytime Phone #

CR2E040 (7/03)

October 13, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: A&J Nursery, Inc.
FEI# 65-0854700
Notice of Administrative Dissolution or Revocation

To Whom It May Concern:

On October 10, 2003, A&J Nursery, Inc., received a Notice of Administrative Dissolution or Revocation. Per our records, the above referenced corporation did not receive the prior two Uniform Business Report notices for 2003.

Therefore, we ask that the reinstatement fee be waived. Please find enclosed a check for \$150.00 to return to active status.

Should you require additional information, please do not hesitate to contact me at (305) 232-3637

Sincerely,

Tamara E. Wilkins
