

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095929

1. Corporation Name

P & M LANDSCAPE AND GROWERS INC.

Principal Place of Business

23700 SW 162 AVENUE
MIAMI FL 33031

Mailing Address

23700 SW 162 AVENUE
MIAMI FL 33031

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

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1998

5. FEI Number

65-0879607

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MCGANN, GREGORY F	23700 SW 162 AVENUE	MIAMI FL 33031
DST	MCGANN, GREGORY V	30605 SW 197 AVENUE	MIAMI FL 33030

200009751422
12/30/02--01115--014 **150.00

8. Name and Address of Current Registered Agent

MCGANN, GREGORY
23700 SW 162 AVENUE
MIAMI FL 33031

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 12-26-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-26-02 3053454425

CR2E040 (8/02)

December 27, 2002

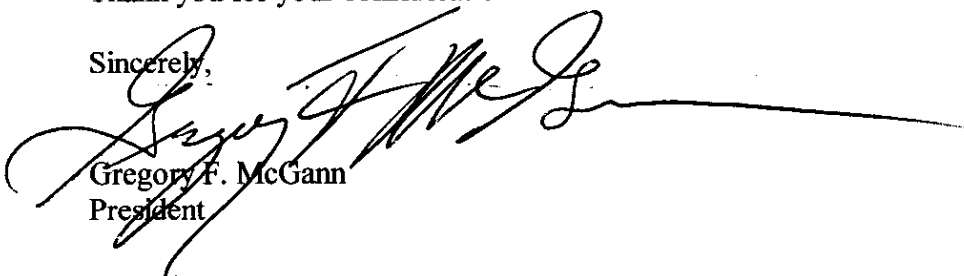
To Whom It May Concern:

As the primary officer of P&M Landscaping, Inc., I am writing to inform you that, to the best of my knowledge, I did not receive the prior uniform business report forms. We live in a rural area, and oftentimes receive other people's mail.

I would like to reinstate this corporation, as requested with the enclosed form. Please let me know if there is anything further needed. You may reach me at 305-246-5521.

Thank you for your consideration.

Sincerely,



Gregory F. McGann
President