CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 12 AM 8: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100005892741--8
-06/20/02--01080--003
****900.00   ****900.00

REINSTATEMENT 01-02

DOCUMENT # P99000028499

1. Corporation Name

A & A Nursery Corporation

2. Principal Office Address

22450 SW 177 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip 33170   Country USA

3. Mailing Office Address

22450 SW 177 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip 33170   Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number | 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

Juan A. Reyes

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

15319 SW 138 terrace

Suite, Apt. #, Etc.

City   Miami   State FL   Zip Code 33196

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 _____

REGISTERED AGENT MUST SIGN

Date 06/11/02

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
P	Juan A. Reyes	15319 SW 138 terrace	Miami, FL. 33196
V	Armando Reyes	9150 SW 166 Place	Miami, FL. 33196
T	Angela M. Reyes	9150 SW 166 Place	Miami, FL. 33196

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/11/02   (305) 246-5093

Date   Daytime Phone #