

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -5 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045980

1. Corporation Name

Botanica las Mercedes, Inc.

2. Principal Office Address

2742 SW 8th Street

Suite, Apt. #, etc.

Suite: 25

City & State

Miami, Florida

Zip

33142

Country

U.S.A.

3. Mailing Office Address

2742 SW 8th Street

Suite, Apt. #, etc.

Suite: 25

City & State

Miami, Florida

Zip

33142

Country

U.S.A.

REINSTATEMENT 02-54

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1999

5. FEI Number

65-0920936

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

Caridad Herrera

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

2742 SW 8th Street

Suite, Apt. #, Etc.

Suite: 25

City

MIAMI

State

FL

Zip Code

33142

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

C. Herrera

REGISTERED AGENT MUST SIGN

Date

02/20/04

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	Caridad Herrera	2742 SW 8th Street	Miami, Florida 33142

100031808081
04/05/04 01016 020 **525.00

3/15/04 01052 025 \$25.00

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)(f), 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: x

C. Herrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2004 305-631-0606

Date

Daytime Phone #

CR2E081 (01/04)

TH