PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 DEC 27 AM II: 12
DOCUMENT # P99000092325 1. Corporation Name LA FE NURSERY INCORPORATED			SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address	3. Mailing Office Address		
16650 S.W. 203 Avenue	10370 S.W. 166 Court		
Suite, Apt. #, etc. Suite, Apt. #, etc.			
			4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State		10-20-99
Miami, Florida 33187	Miami, Florida 33196		5. FEI Number Applied For Not Applicable
Zip Country	Zip	Country	65-0956915 S8.75 Additional Fee required
33187 Miami-Dade	33196	Miami-Dade	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name Julian Rivera Street Address (P.O. Box Number is Not Acceptable) 10370 S.W. 166 Court Suite, Apt. #, Etc. City Miami State City Miami State FL 33196 8. I, being appointed the registored agent of the above parned 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			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles Officers and/or Director	rs .	Street Address of Eac Officer and/or Directo	ch City / State / Zip
D Julian Rivera	1037	70 S.W. 166 Cour	t Miami, Florida 33196
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10. I dertify 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: 12-20-00 (305) 235-0505			
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER UN DIRECTOR DATE DATE DESCRIPTIONS #			