

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -5 2011:53
TAMPA

DOCUMENT # **099000096796**
1. Corporation Name
R.V. NURSERY, INC.

2. Principal Office Address
**19780 SW 177 AVE
PMB 165**

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

Zip Country
33187 USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida **11/03/1999**

5. FEI Number **6509779348**
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
RAUL FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
19780 SW 177 AVE. PMB 165

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33187

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 **[Signature]**

REGISTERED AGENT MUST SIGN

Date **APRIL 4, 2006**

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
D	RAUL FERNANDEZ	19780 SW 177 AVE PMB 165	MIAMI, FL 33187
D	VILMA T. FERNANDEZ	19780 SW 177 AVE PMB 165	MIAMI, FL 33187

REINSTATEMENT DL-00

B 4/7/06

300070227313
04/12/06--01042--016 **1500.00

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 contained in Chapter 119, 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 4, 2006

Date

Daytime Phone #