

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 30 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V69798

1. Corporation Name

FLORIDIAN LAWN & DESIGN, INC.

Principal Place of Business

1305 53RD ST.  
BAY #3  
MANGONIA PARK FL 33407  
US

Mailing Address

P.O. BOX 6985  
WEST PALM BEACH FL 33405  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4574 DYER BLVD BAY 1379

Suite, Apt. #, etc.

BAY #13-14

City & State  
W. PALM BEACH FL

Zip  
33407

Country  
PALM BEACH

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1992

5. FEI Number

65-0360911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 1999

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MARTINEZ, JOE	929 BRADLEY CT 4560 GRAND CYPRESS RD #53	WEST PALM BEACH FL 33417
CC	MARTINEZ, PAUL	1400 S. BROADWAY, #209	LANTANA FL
VP	MARTINEZ, ILEANA M	929 BRADLEY CT.	W. PALM BCH. FL 33407
S	SERBAM NARTUB SERNA, MARTIN	6284 16TH WAY SO	W PALM BCH FL 33415
			700003103597--8 -01/20/00--01011--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

U.C.C. FILING & SEARCH SERVICES INC.  
526 EAST PARK AVENUE  
SUITE 200  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

MIGUEL J VERA

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

929 BRADLEY CT.

Suite, Apt. #, Etc.

City

W. PALM BEACH

State

FL

Zip Code

33405

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.

Signature of  
Registered Agent

MIGUEL J VERA  
REGISTERED AGENT MUST SIGN

Date

12/28/99

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 #

12/28/99 561-966-5241