



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000116478 1. Entity Name 4 SISTERS NURSERY, INC.						FILED 05 OCT 18 AM 11: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 19901 S.W. 184TH STREET MIAMI, FL 33187			Mailing Address 4528 S.W. 143RD CT MIAMI, FL 33175-6858			 10122005 REIN-P CR2E098 (6/04)			
2. Principal Place of Business		3. Mailing Address 4528 S.W. 143RD CT		4. FEI Number 04-3778772				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State MIAMI, FLA		City & State MIAMI, FLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Zip 33175-6858		Zip 33175-6858		Country DADE					
6. Name and Address of Current Registered Agent MELENDEZ, ALFONSO E 4528 S.W. 143RD COURT MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MELENDEZ, ALFONSO E 19901 S.W. 184TH STREET MIAMI, FL 33187	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060726356 10/18/05--01078--004 **750.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MELENDEZ, RUTH 19901 S.W. 184TH STREET MIAMI, FL 33187	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>10/12/05</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <i>Alfonso Mendez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>10-12-05</i> <small>Date</small>		<i>305-863-2323</i> <small>Daytime Phone #</small>			