

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 17 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000116478</b> 1. Entity Name <b>4 SISTERS NURSERY, INC.</b>	
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Principal Place of Business <b>19901 S.W. 184TH STREET MIAMI, FL 33187</b>	Mailing Address <b>4528 S.W. 143RD CT MIAMI, FL 33175-6858</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



10102006 REIN-P CR2E098 (11/05)

4. FEI Number <b>04-3778772</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MENDEZ, ALFONSO E 4528 S.W. 143RD COURT MIAMI, FL 33175</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete MENDEZ, ALFONSO E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300080923033</b>
STREET ADDRESS	19901 S.W. 184TH STREET	STREET ADDRESS	10/17/06--01041--007 <b>**150.00</b>
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MENDEZ, RUTH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19901 S.W. 184TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alfonso E Mendez* Date: 10-10-06 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/06