## 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 279004** 

Name:

Address:

City-St-Zip:

FILED Oct 26, 2009 Secretary of State

Entity Na	me: SARASC	TA JUNGLE GA	RDENS INC					
Current Principal Place of Business:				New Principal Place of Business:				
	SHORE ROAI A, FL 34234	)						
Current Mailing Address:				New Mailing Address:				
	SHORE ROAI A, FL 34234	)						
FEI Number	: 59-1379767	FEI Number Ap	plied For()	FEI Number Not App	licable ( )	Certifica	te of Status De	sired ( )
Name and	Address of (	Current Registe	Name and	Name and Address of New Registered Agent:				
3701 BAYS	OOROTHY A. SHORE RD A, FL 34234	US						
	named entity e of Florida.	submits this stat	ement for the pu	irpose of changing i	ts register	ed office or re	egistered age	ent, or both,
SIGNATU	RE: DOROTH	HY A. TINNEY						
	Electron	nic Signature of I	Registered Age	nt			Date	
		3(2)(b), F.S., the cag	•	receive the prior notic	e.			
	S AND DIREC	_		ADDITION	IS/CHANG	GES TO OFF	ICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	SD ( KILLOREN, TH 3701 BAY SHO SARASOTA, FL	RE ROAD		Title: Name: Address: City-St-Zip:		() Change (	( ) Addition	
Title: Name: Address: City-St-Zip:	PTD ( TINNEY, DORO 3701 BAYSHO SARASOTA, FI	RE ROAD		Title: Name: Address: City-St-Zip:		()Change(	( ) Addition	
Title: Name: Address: City-St-Zip:	AS ( LAVICK, CHER 3701 BAYSHO SARASOTA, FI	RE ROAD		Title: Name: Address: City-St-Zip:		()Change(	( ) Addition	
Title:	(	) Delete		Title:	COOD	( ) Change (	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address: City-St-Zip: LAVICK, CHRISTOPHER

3701 BAYSHORE ROAD

SARASOTA, FL

SIGNATURE:	DOROTHY A. TINNEY	PD	10/26/2009