PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 25 AM 8:01

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10/28/02--01136--018 **150.00

DOCUMENT # P 01000011 8539

1. Corporation Name
AROMA GARDENS, INC.

2. Principal Office Address	**3.** Mailing Office Address
590 N Courtney Pkwy	" Same "
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, Fl	City & State
Zip: 32953 Country: Brevard	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/14/91

5. FEI Number 36 4485046 ☐ 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: Lukose, Jomon

Street Address (P.O. Box Number is Not Acceptable): 1832 Surrey Ct.

Suite, Apt. #, Etc.:

City: Viera State: FL Zip Code: 32955

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

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
P	Lukose, Jomon.	1832 Surrey Ct	Viera Fl 32955

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

To : Fl Dept of State/ Div of Corporation

Fr: Aroma Gardens, Inc.

Document No: P01000118539

Re: Reinstatement

Date: 10/22/01

Dear Sir or Madam:

I here by request a waiver of penalty due to non receiving renewal notices.

Address shown on Div of Corporation record is my old home address. Since last December we have moved to new home. Also, when we did corporation we did not knew our business physical address. Therefore we used our home address as main office address.

Due to this reason, we did not receive any mail or renewal notice from Dept of State this year. We were trying to get license from a state and find out that our corporation is dissolved. Also, this is our first year of corporation so we did not know that we have to renew corporation every year.

Please find our new address in Reinstatement form.

Please find enclosed check for $150.00 fees and completed reinstatement application.

We appreciate your cooperation in this matter.

Sincerely yours,

Jomon Lukose
President