

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB 14 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N48448**

**1. Corporation Name**

The Gentlemen of the Garden, Inc.

**2. Principal Office Address**

2000 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

300

City & State

West Palm Beach, FL

Zip

33409

Country

US

**3. Mailing Office Address**

2000 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

300

City & State

Zip

33409

Country

US

**REINSTATEMENT 99-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida,**

04/16/92

**5. FEI Number**

650352074

Applied **SP**

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

John White, II

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

1645 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.

Suite 1200

City

West Palm Beach

State

FL

Zip Code

33401

600003782425-9

-02/27/01--01061--012

\*\*\*1058.75 \*\*\*1058.75

**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

REGISTERED AGENT MUST SIGN

Date

2/5/01

**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
D/P	J.C. Cameron-Hayes	223-Queens Lane	Palm Beach, FL 33480
D/T	Glenn Rawls	259 Barcelona Road	West Palm Beach, FL 33401
D/S	John White, II	Suite 1200 1645 Palm Beach Lakes Blvd.	West Palm Beach, FL 33401
D/V	William DeGray	110 Seagate	Palm Beach, FL 33480
D	John Todd	250 Potter Road	West Palm Beach, FL 33405
D	Jeff Koons	201 Linda Lane	West Palm Beach, FL 33405

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jonathan Cameron-Hayes, President

Date

2-6-01 ✓ 561 686 6968

Daytime Phone #