

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -6 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101810

1. Corporation Name

Blue moon Garden Cafe Inc.

000020428100
06/03/03--01086--003 **300.00

18600

05/25/01 90293 039

2. Principal Office Address

200 E Gaines St

Suite, Apt. #, etc.

3. Mailing Office Address

200 E Gaines St

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32399

Country

LEON

Zip

32399

Country

LEON

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 1 1997

5. FEI Number

65-0721142

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wilma C Gadd

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

8702 Miles Johnson Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

Wilma C Gadd

REGISTERED AGENT MUST SIGN

Date

5-6-03

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
Pres	Martin K Gadd	8702 Miles Johnson Rd	Tallahassee FL 32309
Sec	Wilma C Gadd	8702 Miles Johnson Rd	Tallahassee FL 32309

01-03 UBR

TS

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:

Wilma C Gadd

Wilma C Gadd

5-5-03

488-1363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 2, 2002

To Whom it May Concern,

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I am writing this to try and explain why we never paid 2002 money for Corporate Taxes. We paid in May of 2001 and did not receive the letter that stated our UBL Form was incomplete. We put the wrong address on UBL because ~~that was the address~~ we were given. I thought this was cleared up last year. Hope you understand this.

Thank you
Mrs. W.L. Gadd