

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # 635143

1. Corporation Name

RAUTH'S GARDEN, INC.

Principal Place of Business

5723 SIMS RD  
DELRAY BCH FL 33484

Mailing Address

5723 SIMS RD  
DELRAY BCH FL 33484

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3931 Tuskegee Dr.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3931 Tuskegee Dr.  
Suite, Apt. #, etc.

City & State

Lantana FL

Zip 33462

Country USA

City & State

Lantana FL

Zip 33462

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/1979

5. FEI Number

58-1929123

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Add'l Bond Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RAUTH, ROBERT G	3931 TUSKEGEE DR	LANTANA FL
PD	RAUTH, DANIEL L	3931 TUSKEGEE DR	LANTANA FL
STD	MORGAN-RAUTH, SHARON	3931 TUSKEGEE DR	LANTANA FL

8. Name and Address of Current Registered Agent

RAUTH, DANIEL L  
3931 TUSKEGEE DR  
LANTANA FL 33482

9. Name and Address of New Registered Agent

Name Sharon Morgan-Rauth  
Street Address (P.O. Box Number is Not Acceptable)  
3931 TUSKEGEE DR.  
Suite, Apt. #, Etc.

City Lantana

State FL

Zip Code 33462

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Sharon Morgan-Rauth  
REGISTERED AGENT MUST SIGN

Date 10/18/99

11. 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:

Sharon Morgan-Rauth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Sharon Morgan-Rauth

Date 10/18/99

Daytime Phone 561-969-3114

KE

From: Rauth's Garden, Inc.

10/18/99

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To: Division of Corporations.

The state received my payment on April 2, 1999. They needed ~~a~~ the registered agents signature on the form.

Thank you.  
Sharon Morgan-Rauth