

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000002762

Entity Name: LA GARDERIE, INC.

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

119 ALDERSGATE ST.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

119 ALDERSGATE ST.
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 65-1163842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREVECOEUR, STANLEY
119 ALDERSGATE ST.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STANLEY CREVECOEUR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CREVECOEUR, MAUDE
Address: 119 ALDERSGATE ST.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VCVP () Delete
Name: CREVECOEUR, STANLEY
Address: 119 ALDERSGATE ST.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: CREVECOEUR, STANLEY
Address: 119 ALDERSGATE ST.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: STANLEY CREVECOEUR

VP

10/08/2009

Electronic Signature of Signing Officer or Director

Date