

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2002 NOV 15 AM 11:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000001084

Name and Mailing Address

0004369 01 FP 0.352 **PRSR T3 0 0615 33433-646532

THE ENGLISH GARDEN L.L.C.

6532 VIA ROSA

BOCA RATON FL 33433-6465

700009013907
11/15/02--01013--004 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

6532 VIA ROSA
BOCA RATON FL 33433

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/31/2000

6. FEI Number

65-0977721

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Ronald A. Lipton

Street Address (P.O. Box Number is Not Acceptable)
6532 Via Rosa

City Boca Raton

FL

Zip Code
33433

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-11-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LIPTON, RONALD	6532 VIA ROSA	BOCA RATON FL 33433
MEM	ENGEL, PETER	HAYDN GASSE 7TH	2380 PERCHTOLDSDORF AU

REINSTATEMENT

2002

CB

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 10-24-02

Daytime Phone # 561 416 9197

Typed or printed name of signing Managing Member/Manager