

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 NOV -6 PM 12:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000082094

1. Limited Liability Company's Name

The Garden House & Gifts, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 200 S. Orange Avenue		3. Mailing Office Address 261 Minorca Beach Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #801	
City & State New Smyrna Beach, FL		City & State New Smyrna Beach, FL	
Zip 32168	Country USA	Zip 32168	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 11/21/2004	
6. FEI Number 201917291	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Stephen H. Coover	
Street Address (P.O. Box Number is Not Acceptable) 230 North Park Avenue	
Suite, Apt. #, Etc.	
City Sanford	State FL Zip Code 32771

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-31-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Shannon Corisi	261 Minorca Beach Way, #801	New Smyrna Beach, FL 32168

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11/05/07--01027--002 **100.00

REINSTATEMENT

[Signature]

11. 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

[Signature]

Date 10/3/07th Daytime Phone# 386 409-8794

Typed or printed name of signing Managing Member/Manager Shannon Corsi