

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -3 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N01000002389*

1. Corporation Name

The Karen Gardner Agency, Inc.

REINSTATEMENT

600112791346
12/03/07--01075--008 **297.50
CR2E081 (1/07) *0607*

2. Principal Office Address - No P.O. Box #

8935 Ramblewood Dr P.O. Box 772841

Suite, Apt. #, etc.

#2409

City & State

Coral Springs, FL.

3. Mailing Office Address

P.O. Box 772841

Suite, Apt. #, etc.

Coral Springs, FL.

City & State

FL.

Zip

33071

Country

USA

Zip

33077

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/30/01

5. FEI Number

651106389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Karen Gardner*

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

8935 Ramblewood Dr

Suite, Apt. #, Etc.

#2409

City

Coral Springs

State

FL

Zip Code

33071

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Karen Gardner

REGISTERED AGENT MUST SIGN

Date *11.29.07*

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
<i>Pres</i>	<i>Karen Gardner</i>	<i>8935 Ramblewood Dr #2409</i>	<i>Coral Springs, FL. 33071</i>
<i>Sec</i>	<i>Suzette Wood</i>	<i>3971 Wildlife Lane</i>	<i>Coral Springs, FL. 33065</i>
<i>Tre</i>	<i>Gig Biggs</i>	<i>10331 N.W. 35th St.</i>	<i>Coral Springs, FL. 33065</i>

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 contained in Chapter 119, 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: *Karen Gardner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.29.2007 954-993-9260

Date

Daytime Phone #