## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			DIVIS	ECRETA SIGN OF	TILED ARY OF STATE TOTAL SATIONS 6 PM 1:52	S				
DOCUMENT # N9500003626  1. Corporation Name												
Redland Tropical Gardens and Botanical Foundation, Inc.										w w N 200	,	Ca
2. Principal Office Address 240 N Krome Ave 3. Mailing Office 240 N					Mice Address Krome Ave			REMSTATEMENT 01-06 CR2E081 (12/05)				
Suite, Apt. #, etc. Suite, Apt. #,				Suite, Apt. #, etc.	etc.			4. Date Incorporated or Qualified. To Do Business in Florida 7/31/95				
City & State Homestead, FL City & State Homes					stead, FL			5. ELINUMBER 555603			App	olied For
zip 3303(	33030 Caunty USA			<sup>Zlp</sup> 33030		ŰSA		6.	S8.75 Addition		Additional	Fee required
	7. Name and Address of Current Registered Agent											. Or Orthog
	Mårgie Buster											
ł	2404	o. Box Number is N ome Ave	ot Acceptable)									
	Suite, Apt. #, Etc.											
	Homestead								State <b>FL</b>	₹303°0		
8. I, being	appointed the	register	red agent of the abc	ove named corporation	on, am fa	imiliar with and acce	pt the ob	oligations of section	on 607.050	)5 or 617.0503, F.S.		
Signature of Registered /		h	Jarai	e 83	Busles)			Date June 13, 2006				
3 Names	Chroni A		RI Officer on	EGISTERED AGENT	T MUST		Pet et le			7		-
Titles	and Street Ad		Name of ers and/or Directors		rida nonprofit corporations must list at least 3 dire  Street Address of Each Officer and/or Director			1	City / State / Zip			
D	Margie Buster				240 N Krome Ave				Homestead, FL 33030			
D	Ruth Campbell			2	240 N Krome Ave			···	Homestead, FL 33030			
D	Paul Mulhern				240 N Krome Ave				Homestead, FL 33030			
D	Mervir	aldman	2	240 N Krome Ave			· · · · · · · · · · · · · · · · · · ·	Homestead, FL 33030				
								<u>50</u>		7 <b>64</b> 308	85_	
								06/21/0601031002 **551.25				
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 filling 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.												