FILED

04 SEP 20 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000000804

1. Corporation Name
THE GARDEN FOUNDATION INC

8421 N HAVEN LN #B
SAME

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
8421 N HAVEN LN	SAME
Suite, Apt. #, etc.: #B	Suite, Apt. #, etc.:
City & State: FT MYERS FL	City & State:
Zip: 33919 / Country: USA	Zip: / Country:

4. Date Incorporated or Qualified To Do Business in Florida: FEB 2 1999

5. FEI Number: 65-0838083 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: JAN FRICK

Street Address (P.O. Box Number is Not Acceptable): 8421 N HAVEN LN

100041177014
09/20/04--01071--002 **106.25

Suite, Apt. #, Etc.: #B

City: FT MYERS — State: FL — Zip Code: 33919

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: Jan Frick
REGISTERED AGENT MUST SIGN

Date: SEPTEMBER 15 2004

CR2E081 (01/04)

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
P, VP	JAN FRICK	8421 N HAVEN LN #B	FT MYERS FL 33919
S	BEVERLY JOHNSON	4610 TICE ST	FT MYERS FL 33905
T	TERRIE L BROWN	PO BOX 2695	FT MYERS FL 33902-2695

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 under section 119.07(3)(i), 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: Jan Frick — 09/15/04 — 239-466-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #