

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000001145**

1. Corporation Name

GARDEN OF EDEN CHARITIES, INC.

Principal Place of Business

Mailing Address

**1307 N. PINE HILLS ROAD
ORLANDO FL 32808**

**1307 N. PINE HILLS ROAD
ORLANDO FL 32808**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1999

5. FEI Number

59-3559497

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DIRECTOR	JERKUL YAW OPONG	1878 ANCIENT OAK DR.	OCFEE, FL 3476
Director	Augustina Peasah Opong	1878 Ancient Oak Dr.	OCFEE, FL 34761
Director	Matilde Peasah	1878 Ancient Oak	OCFEE, FL 34761

8. Name and Address of Current Registered Agent

**PEASAH, AUGUSTINA
1307 N PINE HILLS ROAD
ORLANDO FL 32808**

9. Name and Address of New Registered Agent

Name **AUGUSTINA PEASAH - OPONG**
Street Address (P.O. Box Number is Not Acceptable)
1878 ANCIENT OAK DRIVE
Suite, Apt. #, Etc. **300003301889-2**
City **OCFEE** State **FL** Zip Code **34761**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE REQUIRED
AUGUSTINA PEASAH OPONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
01 FEB 23 AM 8:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E040 (8/00)