

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000007721

1. Corporation Name

GOVINDA'S GARDENS, PURE FOODS BUSINESS, INC.

Principal Place of Business

Mailing Address

21812 NW 91ST ST.
ALACHUA FL 32615

21812 NW 91ST ST.
ALACHUA FL 32615

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

01/14/2000

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Director	William Harrison Ogle	21812 NW 91 st St. Alachua FL 32615	Alachua FL 32615
President	William Allin	21812 NW 91 st St	Alachua FL 32615
Vice President	Valerie Ogle	21812 NW 91 st St	Alachua FL 32615
Director	Valerie Ogle	21812 NW 91 st St	Alachua FL 32615

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OGLE, WILLIAM H
21812 NW 91ST ST.
ALACHUA FL 32615

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11-7-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-01

Date

Daytime Phone #

FILED

01 NOV 13 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CP2E040 (8/01)

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MAYFIELD & OGLE, P.A.
ATTORNEYS AT LAW

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THOMAS M. O'DRISCOLL

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1-800-774-5445

WILLIAM H. OGLE
National Board Certified
Civil Trial Specialist

November 8, 2001

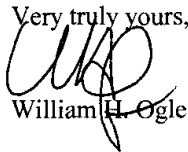
Secretary of State
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re; Govinda's Garden Pure Food Business, Inc.

Dear Madame or Sir:

Enclosed is the Reinstatement Form sent to me. By telephone I was informed that you did receive my check sent in September as well as the corporate report. You apparently returned the report for further information. However, I did not receive that document or it was misplaced. In any event, I am sending this form which I hope is complete. Also, I understand that the fees are now current. Please advise if there is any continuing need for information or fees.

Very truly yours,


William H. Ogle

WHO/blg
Enclosure