

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000007721

1. Corporation Name

GOVINDA'S GARDENS, PURE FOODS BUSINESS, INC.

Principal Place of Business

21812 NW 91ST ST.
ALACHUA FL 32615

Mailing Address

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

59-3757610

APPLIED FOR

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
D	OGLE, WILLIAM H	21812 NW 91ST STREET	ALACHUA FL 32615
P	ALLIN, WILLIAM	21812 NW 91ST STREET	ALACHUA FL 32615
VP	OGLE, VALERIE	21812 NW 91ST STREET	ALACHUA FL 32615
VP	OGLE, VALERIE	21812 NW 91ST STREET	ALACHUA FL 32615

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

William H Ogle
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-5-02

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:

William H Ogle
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-
11-5-02 677-044



REINSTATEMENT 02

FILED
02 NOV 12 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR20040 (8/02)