

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000621499

1. Corporation Name

CARDEN, INC.

2. Principal Office Address

3245 SARDENIA TERR.

Suite, Apt. #, etc.

City & State

DELTONA, FL

Zip

32738

Country

USA

3. Mailing Office Address

3245 SARDENIA TERR.

Suite, Apt. #, etc.

City & State

DELTONA, FL

Zip

32738

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 18 AM 8:00

REINSTATEMENT 03-04

600028014586
02/02/04--01058--017 **750.00

MRD

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/2001

5. FEI Number

59-3700962

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DENNIS F. RODRIGUEZ

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

3245 SARDENIA TERR.

Suite, Apt. #, Etc.

City

DELTONA

600028014586
02/18/04--01051--005 **150.00
FL 32738

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

[Signature]

Date

1-26-04

REGISTERED AGENT MUST SIGN

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
D	DENNIS F. RODRIGUEZ	3245 SARDENIA TERR.	DELTONA, FL 32738

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-04

Daytime Phone #

CR20081 (10/02)