January Carlot

ck to: Depart of State \$750.

PLEASE READ ALL INSTRUCTIONS SEFORE COMPLETING THIS EORM.

CORPORATION REINSTATEMENT DOCUMENT # POISODO 31780 1, Copporation Nature Gardary Imports, Jac. 2. Principie Office Address of Carbon Imports 1, Copporation Nature Gardary Imports 3. Mailing Office Address 23.1 NE 49 fb Street Suita, April 4, etc. 3. Mailing Office Address 24. Data Incorporated or Qualified 10 Distantines in Product 10 DISTANTINE 10 DISTANTINE AND IN PRODUCT IN PRODU		1 LL7	OL NEAD	ALL HVO ITIOO	TIONS DEFONE			ğı 1141.		
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Street Address (P. O. Byn Number is Not Acceptable) 2371 NE 444 Street 100028220121 Suite, Apt. #. Etc. City Lighthorse Point 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 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 Registered Registere				7. Name ar	nd Address of Current Reg	jistered Agent				
Street Address (P.O. Pay Numbog is Not Acceptable) 2371 NE 49 Street 100028220121 Suite, Apt. #, Etc. City Lighthouse Point 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 Officers and/or Directors 1371 NE 49 Street Lighthouse Point, F.S. 1 turther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporation same satisfies the requirements of section 607.0401 F.S., that fill fees owed by the corporation is true and accugate, and my signature shall have the same legal effect as if made undor cath. SIGNATURE: Street Address of Each Officer and/or Director of the receiver or trustee ampowered to execute this application as provided for in chapter 607 or 617, F.S. 1 turther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporation have been paid and the names of individuals isled on this form do not qualify for an exemption under section 119.07(3)(6), F.S. The information indicated on this application is true and accugate, and my signature shall have the same legal effect as if made undor cath. SIGNATURE: SIGNATURE:		Name 100028220121 02/20/0401027-027 **150 00								
Suite, Apt. #, Etc. City Lighthouse Coint State Zip Code 33064	Street Address (P.O. Box Number is Not Acceptable)									
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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Directors 1. The Agent Agent Agent Agent Agent Addresses of Each Officer and/or Director Agent	·									
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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 Officer and/or Director 1. Titles Officers and/or Directors Name of Officer and/or Director City / State / Zip Lighthouse Point, FL 33064 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 807 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)(1), 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 of		2C			the obligations of sect	1-7.		CR2F081 (10/02)	
Titles Officers and/or Directors Street Address of Each Officer and/or Director Pack Gardner 1711 NE 49 Street Lighthouse Point, FL 33064 10.1 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 filling 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:	0 N			·		t at least 3 directors)			——(`	
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