

ck to: Dept of State \$750.-

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB 12 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01600031780**

1. Corporation Name

Gardner Imports, Inc.

2. Principal Office Address

2371 NE 49th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point

City & State

Zip

33064

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/01

5. FEI Number

65-1098476

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Jack C Gardner

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

2371 NE 49 Street

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

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

1-22-04

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
P	Jack C Gardner	2371 NE 49 Street	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 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] Jack C Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-04

Daytime Phone #

954 520 9751

CR2E081 (10/02)