

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 14 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035064

1. Corporation Name

Hardy Gardens, Inc.

996 Whitewood Drive

2. Principal Office Address

996 Whitewood Drive

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deltona, Florida

Zip

32725

Country

US

Zip

Country

REINSTATEMENT 02-05

W04-44602

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/06/01

5. FEI Number
59-3720888

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

W. Graham White

Street Address (P.O. Box Number is Not Acceptable)
250 Park Avenue South

Suite, Apt. #, Etc.
5th Floor

City

Winter Park

State

FL

Zip Code

32789

900044691789
01/13/05--01052--004 **50.00

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

W. Graham White

Date

1/11/05

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, P	Henry R. Hardy	996 Whitewood Drive	Deltona, Florida 32725

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:

Henry R. Hardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

Date

11/22/04 407314 1944

Daytime Phone #

CR2061 (3/7/04)