

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000067123

Entity Name: HOLLIE'S GARDENS, INC.

FILED
Oct 24, 2006
Secretary of State

Current Principal Place of Business:

12311 TARPON SPRINGS RD
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

12311 TARPON SPRINGS RD
ODESSA, FL 33556

New Mailing Address:

FEI Number: 02-0636912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ROBERT F
2918 BUSCH LAKE BLVD
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT F. COHEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POPHAM, HOLLIE
Address: 12311 TARPON SPRINGS RD
City-St-Zip: ODESSA, FL 33556 US

Title: VP () Delete
Name: AGOSTO, ELIZABETH M
Address: 10912 N. DIXON AVE.
City-St-Zip: TAMPA, FL 33612 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH AGOSTO

VP

10/24/2006

Electronic Signature of Signing Officer or Director

Date