


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000113706	
1. Entity Name GARDINER, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:00

REINSTATEMENT 04

Principal Place of Business 2051 NW 11TH ST. MIAMI, FL 33125	Mailing Address 2051 NW 11TH ST. MIAMI, FL 33125
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2. Principal Place of Business 2411 WOODSIDE DRIVE FORT LAUDERDALE FL 33312	3. Mailing Address 2411 WOODSIDE DR. FORT LAUDERDALE FL 33312
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11042004 REIN-P CR2E098 (6/04) **MRS**

6. Name and Address of Current Registered Agent MILNE, ROBERT A ESQ. 25 SE 2ND AVE., SUITE 1105 MIAMI, FL	
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4. FEI Number 45-0489465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent GINGER GARDINER 2411 WOODSIDE DRIVE FORT LAUDERDALE FL 33312	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **AA** DATE: **11-4-04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LORRAINE, GINGER		NAME GINGER GARDINER	
STREET ADDRESS 2051 NW 11TH ST.		STREET ADDRESS 2411 WOODSIDE DRIVE	
CITY-ST-ZIP MIAMI, FL 33125		CITY-ST-ZIP FORT LAUDERDALE FL 33312	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **AA** DATE: **11-4-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR