

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV -1 PM 1:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P03000006900

1. Corporation Name

BERTHA'S GARDEN CENTER, INC.

W07-52944

2. Principal Office Address - No P.O. Box #

16543 NW 82 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

City & State

MIAMI LAKES FL

Zip

Country

33016 U.S.

Zip

Country

7. Name and Address of Current Registered Agent

Name

BERTHA L. DAVIES

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

16543 NW 82 AVE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

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

REGISTERED AGENT MUST SIGN

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

01-14-03

5. FEI Number

43-1994159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
DP	BERTHA L. DAVIES	16543 NW 82ND AVE	MIAMI LAKES, FL 33016
DS	EDWARD J DAVIES	16543 NW 82nd Ave	MIAMI-LAKES, FL 33016

REINSTATEMENT 11-07

RH

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 10/28/07--01028--004 **1208.75

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 contained in Chapter 119, 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]

PRES.

10/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #