

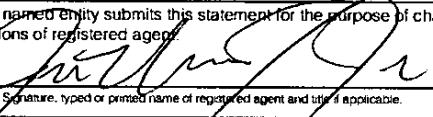
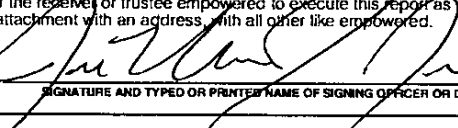


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000010490 1. Entity Name SANCTUARY GARDENS CORPORATION						FILED 05 OCT 14 PM 4:00 SEC. STATE TALLAHASSEE, FL	
Principal Place of Business 16469 SOUTHERN BLVD. LOXAHATCHEE, FL 33470				Mailing Address 16469 SOUTHERN BLVD. LOXAHATCHEE, FL 33470			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-0588504				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ---				7. Name and Address of New Registered Agent			
NUNEZ, JORGE JR 14021 S. W. 20TH STREET DAVIE, FL 33325-5420				Name NUNEZ, JORGE JR. Street Address (P.O. Box Number is Not Acceptable) 16469 SOUTHERN BLVD. LOXAHATCHEE, FL 33470 City FL Zip Code			
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  <small>Signature, typed or printed name of registered agent and title is applicable.</small>				DATE 10-15-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, JORGE JR 14021 S. W. 20TH STREET DAVIE, FL 333255420 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16469 SOUTHERN BLVD. LOXAHATCHEE, FL 33470		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORRALES, DAISY O 14021 S. W. 20TH STREET DAVIE, FL 333255420 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16469 SOUTHERN BLVD. LOXAHATCHEE, FL 33470		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/14/05-11/01/05		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 reserve 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 10-15-2005 <small>Date</small>			
				Daytime Phone #			