
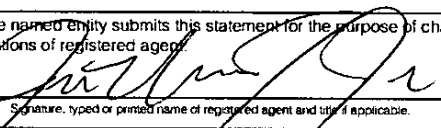
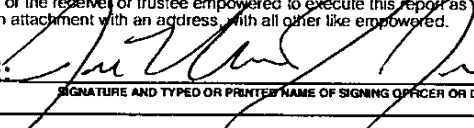


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000010490 1. Entity Name SANCTUARY GARDENS CORPORATION						FILED 05 OCT 14 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 16469 SOUTHERN BLVD. LOXAHATCHEE, FL 33470		Mailing Address 16469 SOUTHERN BLVD. LOXAHATCHEE, FL 33470							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 20-0588504		Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		Zip		Country			
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			
B. 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 						DATE 10-15-05			
(NOTE: Registered Agent signature required when reinstating)									
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	
		VD CORRALES, DAISY O 14021 S. W. 20TH STREET DAVIE, FL 333255420				16469 SOUTHERN BLVD. LOXAHATCHEE, FL 33470		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
						16469 SOUTHERN BLVD. LOXAHATCHEE, FL 33470		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
						10714705--11071--019		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
						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"/> Change <input type="checkbox"/> Addition	
						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)(f), 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: 						DATE 10-15-2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date		Daytime Phone #	