

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FRANK
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -6 PM 1:08

DOCUMENT # P04000032255

1. Corporation Name

SARASOTA SECRET GARDENS AND WATERSCAPES, INC.

100183357771
07/16/10--01021--009 **1050.00

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

2329 PINE TERR.

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

SARASOTA FL

City & State

Zip

34231

Country

SARASOTA

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida **02/12/2004**

5. FEI Number

27-3034005

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deborah E Gordon

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

5202 Old Ashwood Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

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

Deborah E Gordon

REGISTERED AGENT MUST SIGN

Date **07/14/2010**

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
P	BACK, EREZ	2329 PINE TERR.	SARASOTA FL 34231
D	VILEGAS, MARTIN H	2711 8TH ST. WEST	BRADENTON FL 34205

B 8/9/10
REINSTATEMENT
08-10

10. E-mail Address: **tao011@comcast.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Erez Back

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/10

Daytime Phone #