

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV -7 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000131274

1. Corporation Name

GARDEN CREATIONS OF BREVARD, INC.

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

1405 FEE COURT SE

Suite, Apt. #, etc.

3. Mailing Office Address

1405 FEE COURT SE

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

PALM BAY, FL

Zip

32909

Country

USA

Zip

32909

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9-23-05

5. FEI Number

20-3528200

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

ANA MARIA GONZALEZ-TERRYN

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

1405 FEE COURT SE

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32909

☒ 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.

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

*Ana Maria Gonzalez-Terryn*

REGISTERED AGENT MUST SIGN

Date 11/5/08

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
DPST	ANA MARIA GONZALEZ-TERRYN	1405 FEE COURT SE	PALM BAY, FL 32909
D,VP	DUANE TERRYN	1405 FEE COURT SE	PALM BAY, FL 32909

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:

*Ana Maria Gonzalez-Terryn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/08

Date

321-863-7570

Daytime Phone #