

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000076310

Entity Name: CHIQUITA GARDENS, INC.

FILED
Oct 10, 2009
Secretary of State

Current Principal Place of Business:

4929 SW 17TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1030 CARDINAL LANE
MT. PROSPECT, IL 60056

New Mailing Address:

561 W. DIVERSEY PKWY STE. 204
CHICAGO, IL 60614

FEI Number: 26-0466847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANALE, SALVATORE
4929 SW 17TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SALAVATORE CANALE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANALE, SALVATORE
Address: 4929 SW 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: V () Delete
Name: CANALE, NICOLETTE
Address: 4929 SW 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: S () Delete
Name: CANALE, NICOLE
Address: 4929 SW 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: T () Delete
Name: CANALE, VALERIE
Address: 4929 SW 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE CANALE

Electronic Signature of Signing Officer or Director

PRES

10/10/2009

Date