

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 FEB -8 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000060358

1. Corporation Name
GARDEN MANOR, INC.
1562 GARDEN AVENUE
HOLLY HILL, FL 32117

2. Principal Office Address - No P.O. Box #
1562 GARDEN AVENUE

3. Mailing Office Address
SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

HOLLY HILL, FL

City & State

Zip
32117

Country
USA

Zip
Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 6/20/2008

5. FEI Number 26-2852444 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
TRAVIS RAMASAMI
Street Address (P.O. Box Number is Not Acceptable)
1562 GARDEN AVENUE
Suite, Apt. #, Etc.

City
HOLLY HILL

State
FL

Zip Code
32117

400221035804
02/08/12--01031--001 **1050.00

400221035804
02/08/12--01031--002 **158.75

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 CRUCIAL SOUNDZ @ YAHOO.COM Travis Ramasami Date 2-2-12
REGISTERED AGENT MUST SIGN

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
PSD	TRAVIS RAMASAMI	1324 MOORE ST DAYTONA BEACH, FL	32114

~~REINSTATEMENT~~

09-12

400221035804
02/08/12--01031--003 **26.25

FEB 10 2012

10. E-mail Address: CRUCIAL SOUNDZ @ YAHOO.COM T. SCOTT
(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. and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Travis N Ramasami Date 2-2-12 386-677-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #