

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000031020

Entity Name: GOVINDA'S GARDEN, INC

**FILED**  
**Oct 15, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

100 SOUTH MIAMI AVE #3  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

100 SOUTH MIAMI AVE #3  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 45-1193175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SILVA, MARINES D  
100 SOUTH MIAMI AVE  
STE 3  
MIAMI, FL 33130 US

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: MARINES SILVA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SILVA, MARINES D  
Address: 100 SOUTH MIAMI AVE - STE 3  
City-St-Zip: MIAMI, FL 33130

Title: TD  
Name: SILVA, MARINES  
Address: 915 NW 1ST AVE APT. H805  
City-St-Zip: MIAMI, FL 33136

Title: TVP  
Name: SILVA, ROBERTO  
Address: 915 NW 1ST AVE APT. H805  
City-St-Zip: MIAMI, FL 33136

I hereby 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 all other like empowered.

SIGNATURE: MARINES SILVA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/15/2013

\_\_\_\_\_  
Date