

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *1/82*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26036**

1. Corporation Name

GOODNESS GARDENS INC.

Principal Place of Business

Mailing Address

377 COUNTY ROUTE 12
NEW HAMPTON NY 10958

377 COUNTY ROUTE 12
NEW HAMPTON NY 10958
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 17 AM 8:00

REINSTATEMENT *03-04*



500036521095
05/17/04--01069--011 **150.00

*10/21/03 01141 026 *550.00*

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1989

5. FEI Number

13-3529257

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
JD	ROSENTHAL, EDWARD J.	1300 JOURNEY'S END ROAD	CROTON-ON-HUDSON NY
PD	MURPHY, BRIAN	1290 JOURNEY'S END ROAD	CROTON-ON-HUDSON NY
VP	HENSHAW, DAVID	1280 JOURNEY'S END ROAD	CROTON ON HUDSON NY 10520
ST	HIMMELSTEIN, LAURA	1250 JOURNEY'S END ROAD	CROTON-ON-HUDSON NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/8/2004

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

3/30/04 (815)355-4757

CR2E040 (7/03)

2072

Goodness
Gardens

May 26, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ruby,

Per our conversation today, I am writing to inform you that we did not receive your correspondence dated October 23, 2003 informing us to make a correction on our reinstatement application. This document was not received until March 30, 2004 when it was faxed over.

If you have any questions, please give me a call at (845) 355-4757.

Sincerely,
GOODNESS GARDENS, INC.



Wanda R. Ascencio
Office Manager