


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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 MAY 17 AM 8:00

DOCUMENT # **P26036**

1. Corporation Name
GOODNESS GARDENS INC.

REINSTATEMENT *03-04*

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.



500036521095
 05/17/04--01069--011 **150.00
*10/21/03 01141 026 *550.00*

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

4. Date Incorporated or Qualified To Do Business in Florida
 09/14/1989

5. FEI Number Applied For / Not Applicable

13-3529257 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

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

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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]* Date *4/8/2004*

REGISTERED AGENT MUST SIGN

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]* Date *4/8/04* Daytime Phone # *(815)355-4757*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

2072

The logo for Goodness Gardens features the words "Goodness" and "Gardens" in a cursive, script font. To the left of the text is a small graphic of a checkered flag.

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.

A handwritten signature in black ink that reads "Wanda R. Ascencio".

Wanda R. Ascencio
Office Manager