


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000018455		
1. Entity Name SOUTHERN GARDENS AND DESIGNS, INC.		

Principal Place of Business 429 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408 US	Mailing Address P.O. BOX 31856 PALM BEACH GARDENS, FL 33420 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED  
06 MAY 11 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



040620061 REIN-P 157 CR2E098 (11/05) 65-06

4. FEI Number 65-0392052	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  COGGINS, THOMAS F III 429 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Michelle Coggins</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COGGINS, MICHELLE A BLADES 429 NORTHLAKE BLVD., #2 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COGGINS, THOMAS F III 429 NORTHLAKE BLVD., #2 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/25/06--01005--006 \*\*\*300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Michelle Coggins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>	Date: 05/01/06 Daytime Phone #: 628 0951