

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018455

1. Corporation Name

SOUTHERN GARDENS AND DESIGNS INC.

2. Principal Office Address

429 NORTHLAKE BLVD.

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH FLA.

Zip

33408

Country

USA

3. Mailing Office Address

P.O. BOX 31856

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS FLA.

Zip

33420

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**4. Date Incorporated or Qualified
To Do Business in Florida**

05/01/93

5. FEI Number

65 0392052

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

THOMAS F. COGGINS III

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

429 NORTHLAKE BLVD.

Suite, Apt. #, Etc.

SUITE #2

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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

Thomas F. Coggins III

REGISTERED AGENT MUST SIGN

Date 1/14/03

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
P, T		MICHELLE COGGINS	429 NORTHLAKE BLVD #2	NORTH PALM BEACH FLA 33408
V		THOMAS F. COGGINS III	429 NORTHLAKE BLVD #2	NORTH PALM BEACH FLA

10. 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:

Thomas F. Coggins III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

Daytime Phone #

2ul2

January 14, 2003
Southern Gardens and Designs Inc.
429 Northlake Blvd.,
North Palm Beach Florida 33408
P.O. Box 31856
Palm Beach Gardens Florida 33420

State of Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee Florida 32399

RE: CORPORATION REINSTATEMENT
SOUTHERN GARDENS AND DESIGNS INC.
DOCUMENT # P93000018455

Dear Sir:

It has come to our attention that our corporation, Southern Gardens and Designs Inc., is dissolved. As per my conversation with your fine staff, it was determined that our mailing address in your corporation database is incorrect and two letters sent from The Florida Department of State were returned to your offices.

As such, via telephone, we have corrected the mailing address listed with your offices.

In addition, would you be so kind as to waive the penalty fees associated with the reinstatement and as per your direction, attached is check for \$600.00.

Thank you for your anticipated cooperation and continued courtesies.

Very truly yours,



Thomas F. Coggins III
V.P.

TFC/civ
ENC.
CC/Michelle Coggins