PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 23 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042457

REINSTATEMENT 95-06

CR2E081 (12/05)

1. Corporation Name
THE GARDENS Restaurant INC.

2. Principal Office Address	3. Mailing Office Address
14132 S. TAMIAMI TR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
NORTH PORT FL	
Zip / Country	Zip / Country
34287 US	

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number ☐ 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: ENVER ZULBEARI

Street Address (P.O. Box Number is Not Acceptable): 14132 S. TAMIAMI TR

Suite, Apt. #, Etc.:

City: NORTH PORT State: FL Zip Code: 34287

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 _____ Date 5/18/06
REGISTERED AGENT MUST SIGN

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
Pres.	XHEVAHIR ZULBEARI	14132 S. Tamiami	NP FL 34287
SEC.	ASAN ZULBEARI	14132 S. Tamiami Tr	NP FL 34287
Treas.	ENVER ZULBEARI	14132 S Tamiami Tr	NP FL 34287

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5/18/06

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 contained in Chapter 119, 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: _____ 5/18/06 941-4230473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dear Andy Per our conversation on wed 5/17/06 I want to thank you for your time & thank you for helping in my reinstatement of our corp I mailed a check of 1915.00 like you instructed me and once again we never received our annual report notification so I hope in 2007 January we will hopefully start receiving the reports. If you could expedite this reinstatement as soon as possible we would very much appreciated

Thankyou