PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F	93000044682
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1. Corporation Name

GARDENESQUE, INC.

C 1	6 4	 	

7361 SW 16 ST -

US

Mailing Address

7361-SW-16-ST--PLANTATION FL 33317-

PLANTATION FL 33317

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 25 StookBILL LOAD Suite, April #, etc. 3. New Mailing Office Address, If Applicable 25 StookBILL (LOAD) 4. Date Incorporated or Qualified To Do Business in Florida 06/21/1993 Suite, Apt. #, etc. 5. FEI Nümber **Applied For** 65-0431593 City & State
MANALAPAN Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) 7361 SW 16 STREET PLANTATIN FL smith, Kathleen SMITH, JOHN Т ***1358.75 **** 1358.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ATHLEEN SMITH, KATHLEEN M O. Box Number is Not Acceptable) 7361 SW 16 STREET POON BILL PLANTATION FL 33304 Zip Code 3346ン MANALAPAN 10. I, being appointed the registered agent of the above named corporation, arg/amiliar with and accept the obligations of Section 607.0505, F.S. Signature of REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.)

Intangible Personal Property tax due June 30.

12. 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 filling 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.

