

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 993000055371

1. Corporation Name

1 Silks Alive, Inc.
Principal Place of Business Mailing Address
D/B/A GARDEN CREATIONS
4013 CATTLEMEN RD.
SARASOTA, FL. 34233

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	JAMES E. ENTSMINGER	319 RUBENS DR.	NOKOMIS, FL. 34275
V.P.	JAMES W. ENTSMINGER	620 BURKE RD.	VENICE, FL. 34293
V.P.	JERRI ENTSMINGER		
V.P.	JEFF ENTSMINGER	5858 PARKWOOD CR.	SARASOTA, FL 34243
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8. Name and Address of Current Registered Agent

JAMES E. ENTSMINGER
4013 CATTLEMEN RD.
SARASOTA, FL. 34233

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/1/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

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 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] Jim Entsminger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/99

Daytime Phone #

9413782305

REINSTATEMENT

FILED

99 NOV 15 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/98)