

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 OCT 15 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095081

1. Corporation Name  
Friendship Garden Inc,

2. Principal Office Address  
2869 Sarah Drive  
Suite, Apt. #, etc.

3. Mailing Office Address  
3587 Parkway Forest  
Suite, Apt. #, etc.

City & State  
Clearwater FL  
Zip Country  
33759 Pinellas

City & State  
Palm Harbor FL  
Zip Country  
34685 Pinellas

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number 59-3352744 Applied For  Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Marie K. Sirochman  
Street Address (P.O. Box Number is Not Acceptable)  
2869 Sarah Drive  
Suite, Apt. #, Etc.  
City Clearwater FL

100023801101  
10/15/03--01009--016 \*\*150.00  
State Zip Code  
FL 33759

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 [Signature] Date 10/6/03  
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
P	Sirochman, Marie	2869 Sarah Drive	Clearwater FL-33759
			<u>100023801101</u> <u>10/15/03--01009--016 **8.75</u>
			<u>[Signature]</u>

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: [Signature] Date 10/6/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

10/10/03

Dear Sir/ Madam,

I am writing regarding my Corporation that  
has been cancelled or dissolved.

As you know I <sup>started</sup> bought two small Business  
last year and on <sup>the</sup> July 03 I tried filing on line  
and ~~had~~ <sup>had</sup> problem w/ it. on August 2003 - it's I  
did tried again to see how like went through OIC  
and next filing on September was made again  
because ~~it's~~ <sup>it's</sup> look like <sup>at</sup> my Debit card and no  
with drawn - for UBR - so it's worries me until  
I need to go to clinic to visit my sick mother  
and totally forget again now, I am worried because  
my Corporation is revoked and its just a small business  
by myself. I talk to Josh in Ireland UBR  
office : he advise me to write an Explaining letter

to you will you please help me to reinstate please.

Enclosed is to \$ 150.00 per fee. not sure if you will

charge w/ penalty I did tried : its not my fault.  
I'm not doing good of my business right now that our economy  
is kind of low. - please help me. . . . I thank you  
so much for your kind consideration.

God Bless you  
and your help to me.

Sincerely in Jesus

Mrs. ~~Simone~~ <sup>Simone</sup>

(1-714) 741-0695 or (714) 688-4105