

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 <u>2869 Sarah Drive</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>3587 Painway Forest</u> Suite, Apt. #, etc.	
City & State <u>Clearwater FL</u>		City & State <u>Palm Harbor FL</u>	
Zip <u>33759</u>	Country <u>Pinellas</u>	Zip <u>34685</u>	Country <u>Pinellas</u>

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>59-3352744</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Marie K. Sirochman</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2869 Sarah Drive</u>	
Suite, Apt. #, Etc.	
City <u>Clearwater FL</u>	State <u>FL</u>
Zip Code <u>33759</u>	100023801101 10/15/03--01009--016 **150.00

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
			100023801101 10/15/03--01009--016 **8.75
			[Signature]

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 ^{started} bought two small Business
last year and on ^{the} July 03 I tried filing on line
and ~~had~~ ^{had} problem w/ it. on August 2003 - it's I
did tried again to see how like went through O/C
and next filing on September was made again
because ~~it~~ ^{it} look like ^{at} my Debit card and no
with drawn - for U.S.R. - so its 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 UBIR
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. Simons

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