

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUL 22 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000014246**

1. Corporation Name  
**KATIE'S GARDEN, INC.**

Principal Place of Business  
**10002 WEST FLAGLER STREET  
MIAMI FL 33172**

Mailing Address  
**10002 WEST FLAGLER STREET  
MIAMI FL 33172**



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

**REINSTATEMENT 97-98**

|  |         |  |         |  |  |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable |         | 3. New Mailing Office Address, If Applicable |         | 4. Date Incorporated or Qualified To Do Business in Florida <b>02/15/1996</b>  |  |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                          |         | 5. FEI Number <b>65-0641880</b>  |  |
| City & State                                   |         | City & State                                 |         | Applied For<br>Not Applicable  |  |
| Zip  | Country | Zip  | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |  |

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  |
|------------|-------------------------------------|---|-----------------------|
| D          | CAMPOS, MARIA C                     | 13200 SW 23RD STREET  | MIAMI FL 33175        |
| D          | CAMPOS, MARCOS A                    | 13200 SW 23RD STREET  | MIAMI FL 33175        |
|            |                                     |   | 500002597035--6       |
|            |                                     |   | -07/23/98--01093--003 |
|            |                                     |   | ****500.00 ****500.00 |
|            |                                     |   |                       |
|            |                                     |   |                       |

8. Name and Address of Current Registered Agent

**CAMPOS, MARIA C  
13200 SW 23RD STREET  
MIAMI FL 33175**

9. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, Etc.                                |
| City   |
| State <b>FL</b> 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 *Maria C Campos*  
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)