



APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 PM 4:23

DOCUMENT # P960000678 12

1. Corporation Name

GEORGIAN GARDENS CORP.

Principal Place of Business

4330 COMMUNITY DR
WEST PALM BEACH FL 33409
US

Mailing Address

149 FOREST WAY
ESSEX FELLS NJ 07021
US

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

149 FOREST WAY

4. Date Incorporated or Qualified To Do Business in Florida

08/14/1996

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

65-0705479

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

07021

USA

CERTIFICATE OF STATUS DESIRED ☐

\$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	4. City / State / Zip
P	AGREST, JOYCE R	149 FOREST WAY	ESSEX FELLS NJ 07021
VP	PECK, GEORGE C	68 RENSSLAER RD	ESSEX FELLS NJ 07021

4000003459704-3
-11/09/00--01115--019
****150.00 ****150.00

10/1/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POSNER, MICHAEL J ESQ
1555 PALM BEACH LAKES BLVD.
SUITE 1000
W PALM BEACH FL 33401

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

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee of this reinstatement application, the reason for dissolution has been approved by the corporation have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joyce Agresti
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/00 561-881-8953

①

JOSEPH A. POLLINA

Certified Public Accountant

219 Paterson Avenue, Little Falls, N.J. 07424-1657
(973) 256-5575 • Fax: (973) 256-7768

October 20, 2000

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

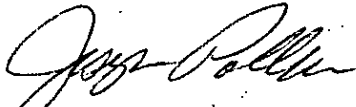
Re: Georgian Gardens Corp.

Dear Sir:

Please find enclosed an application for reinstatement and a check for \$150.00 made payable to the Florida Dept. of State. The reason for this late filing is due to the fact that our address is wrong. Our correct address is 149 Forest Way, Essex Fells, NJ 07027.

Please correct your records.

Very truly yours,



Joseph Pollina
Certified Public Accountant