PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 # P96000067812

1. Corporation Name

GEORGIAN GARDENS CORP.

Principal Place of Business	Mailing Address
4330 COMMUNITY DR WEST PALM BEACH FL 33409 US	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
Suite, Apt. #, etc	Suite, Apt. #, etc 149 Forest Way
City & State	City & State Essex Fells, NJ
Zip / Country	Zip / Country 07021 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/1996

5. FEI Number: 65-0705479 ☐ Applied For ☐ Not Applicable

6. 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, GEOGE C	68 RENSSELAER RD	ESSEX FELLS NJ 07021

400003459704--3
-11/09/00--01115--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

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

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 _____ Date _____

REGISTERED AGENT MUST SIGN

11. 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: x Joyce Agresti Joyce Agresti x 10/23/00 x 561-881-8953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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