

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 30 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082579

1. Corporation Name

SARAH D'S GARDEN, INC.

2. Principal Office Address

4977 Kilkenney Way.
Suite, Apt. #, etc.

3. Mailing Office Address

4977 Kilkenney Way.
Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/96

5. FEI Number

59-3404894

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

500003471289-6

Name

Linda L. Laughlin

Street Address (P.O. Box Number is Not Acceptable)

4977 Kilkenney Way.

Suite, Apt. #, Etc.

City

Oldsmar

State
FL

Zip Code

34677

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

Linda L. Laughlin

REGISTERED AGENT MUST SIGN

Date 10/24/00

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	Linda L. Laughlin	4977 Kilkenney Way.	Oldsmar, FL 34677
V	Charles O. Laughlin II	4977 Kilkenney Way	Oldsmar, FL 34677
S	Michelle L. Kessler	9644 105th Terrace N.	Largo, FL 33773
			LS

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:

Linda L. Laughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00 (727) 533-0908

Date

Daytime Phone #

CR2E081 (9/99)