PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P97000072822

RE...TATEM... ...DIVISION OF CORPORATIONS

01 MAR 19 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072822

1. Corporation Name
GARDEN OF EAT'N, INC
3401 S WESTSHORE BLVD
TAMPA FL 33629

REINSTATEMENT 1998-2001

2. Principal Office Address	3. Mailing Office Address
3401 S WESTSHORE BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA	City & State: FL
Zip: 33629 County: HILLSBOROUGH	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8-21-97

5. FEI Number: 59-3049926 (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

Name: DAVID SMITH

Street Address (P.O. Box Number is Not Acceptable): 3401 S WESTSHORE BLVD

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33629

8. Having been appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 3/16/01

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	DAVID SMITH	3401 S WESTSHORE	
		TAMPA FL 33629	

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***1243.75 ***1200.00

10. I certify that I am an officer or director of the corporation or trustee authorized 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] 3/16/01

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

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Garden of Eat'n, Inc.

File First

Signature

Requested by: KC 3/19
Name Date Time

Walk-In _____ Will Pick Up _____

174 Ponder's Printing • Thomasville, GA 8/00

____ Art of Inc. File_____
____ LTD Partnership File_____
____ Foreign Corp. File_____
____ L.C. File_____
____ Fictitious Name File_____
____ Trade/Service Mark_____
____ Merger File_____
____ Art. of Amend. File_____
____ RA Resignation_____
____ Dissolution / Withdrawal_____
X Annual Report / Reinstatement_____
____ Cert. Copy_____
____ Photo Copy_____
____ Certificate of Good Standing_____
____ Certificate of Status_____
____ Certificate of Fictitious Name_____
____ Corp Record Search_____
____ Officer Search_____
____ Fictitious Search_____
____ Fictitious Owner Search_____
____ Vehicle Search_____
____ Driving Record_____
____ UCC 1 or 3 File_____
____ UCC 11 Search_____
____ UCC 11 Retrieval_____
____ Courier_____

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01 MAR 19 PM 1:50
DIVISION OF CORPORATION