

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 DEC 28 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077394

1. Corporation Name

SISTERS SECRET GARDEN, INC.

Principal Place of Business
19309 HIGHWAY 41
LUTZ, FL 32549

Mailing Address
19309 HIGHWAY 41
LUTZ, FL 32549

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3466804

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.T	DEBORAH A. LANE	1414 SWANN AVENUE	TAMPA, FL 33606
S	DAWNA K. AUERBACH	1414 SWANN AVENUE	TAMPA, FL 33606

800003087808--8
-01/04/00--01076--023
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

E. JACKSON BOGGS, JR.
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602

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. This corporation owes 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Deborah A. Lane DEBORAH A. LANE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/99 813 949-3038
Date Daytime Phone #