

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 31 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****900.00 ****900.00

DOCUMENT # P97000094859

1. Corporation Name

AQUAGARDENS OF FLORIDA, INC

2. Principal Office Address

11413 TINDALL RD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32832

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

Nov. 5, 1997

5. FEI Number

593506205

☒ 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

Greigette K. Lusignan

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

11413 Tindall Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32832

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

REGISTERED AGENT MUST SIGN

Date

7-23-02

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
PRES.	MICHAEL LUSIGNAN	11413 TINDALL RD	OR FL 32832

REINSTATEMENT 01-02 TO

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL M. LUSIGNAN 4/2/02 3216891000

CR2ED81 (9/01)