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CORPORATE REINSTATEMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P5182

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 05 OCT 10 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PA9000029557</u>					
1. Corporation Name <u>GARDEN City M.O. Holdings, Inc</u>					
2. Principal Office Address <u>2770 White Wing Lane</u> Suite, Apt. #, etc. _____ City & State <u>W. Palm Beach, FL</u> Zip <u>33405</u> Country <u>Palm Beach</u>		3. Mailing Office Address Suite, Apt. #, etc. _____ City & State <u>Same</u> Zip _____ Country _____		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number _____ Applies For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$8.75 Additional Fee required for Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>M.O. Simmons</u> Street Address (P.O. Box Number is Not Acceptable) <u>2770 White Wing Lane</u> Suite, Apt. #, Etc. _____ City <u>W. Palm Beach, FL</u> State <u>FL</u> Zip Code <u>33404</u>					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S. Signature of Registered Agent <u>M.O. Simmons</u> Date <u>OCTOBER 5, 2005</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Pres	Joe Simmons	2770 White Wing Lane	W. Palm Beach, FL 33404		
Sec	M.O. Simmons	Same	Same		
Treas	M.O. Simmons	Same	Same		
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 reasons 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: <u>M.O. Simmons</u> Secretary <u>M.O. Simmons</u> <u>10/5/05 (5th)</u> <u>616-8138</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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**GARDEN CITY M.O. HOLDINGS, INC.
2770 WHITE WING LANE
WEST PALM BEACH, FLORIDA 33409**

TO: Division of Corporations

DATE: October 5, 2005

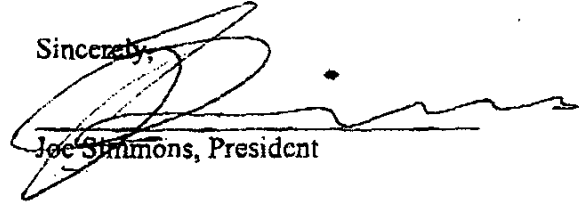
RE: Garden City M.O. Holdings, Inc.

We did not receive the "Annual Report Form" for the above named Corporation. (2002-2005)

Please find enclosed our check for \$750.00 to bring us up do date.

Please waive the reinstatement fee.

Sincerely,



Joe Simmons, President