

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066284

1. Corporation Name

HMS GARDNERS, INC.

2. Principal Office Address

15250 SW 87 COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1998

5. FEI Number

65-0872092

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

GWYN ALLISON

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

15250 SW 87TH COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Date

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 Officers and/or Director	City/State/Zip
D	GWYN ALLISON	15250 SW 87TH COURT	MIAMI, FL 33157
D	CALLUM ALLISON	15250 SW 87TH COURT	MIAMI, FL 33157

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

CALLUM ALLISON

Date

10/20/03 786-412-8839

Daytime Phone #

HMS Gardners, Inc.
15250 SW 87th Court
Miami, FL 33157

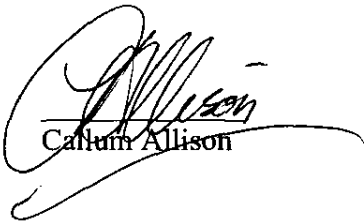
October 20, 2003

Department of State
Division of Corporation
409 E. Gaines Street
Tallahassee, FL 32399

Re: HMS Gardners, Inc. #65-0872092
Document Number: P98000066284

Enclosed please find my application for reinstatement along with a check for \$150.00. I respectfully request abatement of late filing penalties as I never received the original report. The business moved from 8762 SW 143rd Street, Miami, FL 33176 to 15250 SW 87th Court, Miami, FL 33157 and the postman didn't forward the mail.

Sincerely,



Callum Allison