PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2008 JUN 26 AM II: 57	
DOCUMENT # P9800078575 1. Corporation Name Brewer's Gardenias, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3732 Ondich Rd. Suite, Apt. #, etc. Suite, Apt. #, etc.		CR2E081 (12/07) 4. Date Incorporated or Qualified To Do Business in Florida		
City & State A POPKA, FL Zip Country 32712 USA	City & State APOPKA, Fr Zip 32717	Country USA	5. FEI Numbe	
Name Rodney Brewer Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. State Zip Code FL 32712			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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				
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
ST Rodney Brew	er 3732	3732 Ordiched		1019284, H 32712 170801006023 **1050.00
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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 filling 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 contained in Chapter 119, 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:				
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				