

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT # P98000091407

1. Corporation Name

VERANDA GARDENS CORPORATION

Principal Place of Business

9738 SOUTHWEST 94TH TERRACE
MIAMI FL 33176

Mailing Address

9738 SOUTHWEST 94TH TERRACE
MIAMI FL 33176

99 DEC 20 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



-- 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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/27/1998
City & State	City & State	5. FEI Number 65-0871353
Zip	Country	Applied For Not Applicable
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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P, D.	Ruth Dobson	9738 S.W. 94 Terrace	Miami, FL 33176-1858
S, D	Ruth M. Dobson	9738 S.W. 94 Terrace	Miami, FL 33176-1858
			000003082250--6 -12/28/99-01070-016 ***\$750.00 ***\$750.00

REINSTATEMENT

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ITS

8. Name and Address of Current Registered Agent

DOBSON, RUTH
9738 SOUTHWEST 94TH TERRACE
MIAMI FL 33176

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-15-99

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-99

Date Daytime Phone #