

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
INVESTMENT CORPORATIONS

FILED
00 FEB -3 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

198000106749
Creative Gardens at Weston Inc.

2. Principal Office Address

359 LakeView Dr #203

Suite, Apt. #, etc.

203

City & State

Weston Florida

Zip

33326

Country

U.S.A

3. Mailing Office Address

359 LakeView Dr #203

Suite, Apt. #, etc.

203

City & State

Weston Florida

Zip

33326

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0885908

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

Gonzalo Ganduca

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

359 LakeView Dr #203

Suite, Apt. #, Etc.

203

City

Weston

State

FL

Zip Code

33326

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

01/20/2000

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

President Director	Gonzalo Ganduca	359 LakeView Dr #203	Weston Fl. 33326
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****158.75 ****158.75

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] Gonzalo Ganduca 01/20/2000 (954) 3890587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #