


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CLERK OF THE
DIVISION OF CORPORATIONS

04 JUN 24 AM 9:27

REINSTATEMENT 03-04

DOCUMENT #
1. Corporation Name
Potagers, INC.

P99000028904

2. Principal Office Address 9755 Emerald Coast Pkwy W Suite, Apt. #, etc.		3. Mailing Office Address 9755 Emerald Coast Pkwy W Suite, Apt. #, etc.	
City & State Destin, FL		City & State Destin, FL	
Zip 32550	Country U.S.	Zip 32550	Country U.S.

600038233526
06/24/04--01023--003 **1200.00

4. Date Incorporated or Qualified To Do Business in Florida 3/25/99	
5. FEI Number 59-3569325	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Patti E. Williams

Street Address (P.O. Box Number is Not Acceptable)
9755 Emerald Coast Parkway West

Suite, Apt. #, Etc.

City
Destin

State
FL

Zip Code
32550

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 Patti E. Williams Date 6-21-04
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
Pres.	Johnny Williams	9755 Emerald Coast Pkwy W	Destin / FL / 32550
V.Pres.	Patti Williams	234 Rue Caribe	Destin FL 32550
Director	Jay Williams	14 Corte Palma	Santa Rosa Bch FL 32541
Director	Josh Williams	234 Rue Caribe	Destin, FL 32550
Director	Jordan Williams	60 Coco Court	Destin, FL 32550

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: John Williams Date 6-21-04 850-269-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2081 (01/04)