

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
2000 UBR

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



FILED

00 OCT 17 PH 4:12

DOCUMENT # P99000069763

1. Corporation Name

M GARDEN'S, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

6929 8TH STREET CT. E. 6929 8TH STREET CT. E.
SARASOTA FL 34243 SARASOTA FL 34243



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 7205 LINGER LODGE RD Suite, Apt. #, etc. #61 City & State BRADENTON FL Zip 34202 Country MANATEE		3. New Mailing Office Address, If Applicable 7205 LINGER LODGE RD Suite, Apt. #, etc. #61 City & State BRADENTON FL Zip 34202 Country MANATEE		4. Date Incorporated or Qualified To Do Business in Florida 07/30/1999	
				5. FEI Number 65-0940635	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	Michele Garden	7205 Linger Lodge #61	Bradenton FL 34202

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GARDEN, MICHELE 6929 8TH STREET CT. E. SARASOTA FL 34243	Name Michele Garden
	Street Address (P.O. Box Number is Not Acceptable) 7205 Linger Lodge Rd
	Suite, Apt. #, Etc. #61
	City Bradenton
	State FL
	Zip Code 34202

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 Michele Garden President Date 10/13/00

REGISTERED AGENT MUST SIGN

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: Michele Garden Michele Garden Date 10/13/00 Daytime Phone # 941-358-8177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

10/13/00

2252

I sent check # 1071 on 8/30 in amount of
\$ 488.75. It has not cleared my bank
& no record of it is shown by Div. of
Corp.

I am sending out a new check,
1746 for same amount of 488.75

Thankyou Michelle Gaul
