

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 NOV -9 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000100652

1. Corporation Name
GARDENER'S MARKET, INC.

2. Principal Office Address
3701 SW 112 Avenue

Suite, Apt. #, etc.

City & State
Davie, FL

Zip 33330 **Country** USA

3. Mailing Office Address
3701 SW 112 Avenue

Suite, Apt. #, etc.

City & State
Davie, FL

Zip 33330 **Country** USA

REINSTATEMENT

2001

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/99

5. FEI Number 65-0968184 **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
PETER C. GARDNER

Street Address (P.O. Box Number is Not Acceptable)
3200 SW 116 Avenue

Suite, Apt. #, Etc.

City
Davie,

State FL **Zip Code** 33330

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**

Peter C. Gardner

Date 11/7/01

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
DP	Peter C. Gardner	3200 SW 116 Avenue	Davie, FL 33330
ST	Lucette L. Fitzgerald	541 SW 178 Way	Hollywood, FL 33029

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:

Peter C. Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/7/01

Daytime Phone # (954) 473-6451

CR2E081 (9/00)