

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 NOV -4 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Gardenia Group Corp.

W96-21637 94

Principal Place of Business

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable  
2338 Emmokalee Rd.

3. New Mailing Office Address, if Applicable  
2338 Emmokalee Rd.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/8/91

Suite, Apt. #, etc.  
# 225

Suite, Apt. #, etc.  
# 225

5. FEI Number

65-0299801

Applied For

Not Applicable

City & State  
Naples FL

City & State  
Naples FL

Zip  
33942

Zip  
33942

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PLS/DH	Warren Kantor	2338 Emmokalee Rd #225	Naples FL 33942
			200002000832--0
			11/08/96 01096-084
			****775.00 ****775.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Teal Corp.  
2338 Emmokalee Rd #225  
Naples FL 33942

Name  
Warren Kantor  
Street Address (P.O. Box Number is Not Acceptable)  
2338 Emmokalee Rd #225  
Suite, Apt. #, Etc.  
#225  
City  
Naples  
State  
FL  
Zip Code  
33942

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 9/18/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

9/18/96

000/3984274

Date Daytime Phone #