


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

37 OCT 10 PM 12:37

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F05000005189 1. Corporation Name GARDEN BIOTECH, INC.			
2. Principal Office Address - No P.O. Box # 5915 LANDEBROOK DR. Suite, Apt. #, etc. 384 City & State MAYFIELD HEIGHTS, OH Zip 44124 Country USA		3. Mailing Office Address Suite, Apt. #, etc. SAME City & State Zip Country	
4. Date incorporated or Qualified To Do Business in Florida 9/07/05		5. FEI Number 33-0747308	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324			
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 Carrie Bryan CARRIE BRYAN SPECIAL AGENT-STATE SECRETARY REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	ANDY LEKONICZ	5915 LANDEBROOK DR 384	MAYFIELD HEIGHTS OH
CSO	SEAN PARKER	4649 NW 36TH STREET	MIAMI SPRING FL 33166
CFO	VIC PERONI	5915 LANDEBROOK DR 384	MAYFIELD HEIGHTS OH
DIR	ED METZELMAN	562 MONTROSE AVE.	ROCKTON NY 10803
SEC	JOHN HUFF	5915 LANDEBROOK DR 384	MAYFIELD HEIGHTS OH
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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR [Signature] Date 10/05/07 Daytime Phone #	

REINSTATEMENT **06-07**
 CR2E081 (1/07)
B 10/10/07

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000248556 3)))



H070002485563ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

*Please check on this -
return evidence*

CORPORATION REINSTATEMENT

GANEDEN BIOTECH, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

Electronic Filing Menu

Corporate Filing Menu

Help