


2005 FOR PROFIT CORPORATION REINSTATEMENT

194

| | | | | | | | |
|---|---|---|--|---|--|---|--|
| DOCUMENT # F95000005561 1. Entity Name GARDEN RIDGE MANAGEMENT, INC. | | | |  | | 05 DEC 15 AM 10: 01 STATE OF FLORIDA TALLAHASSEE, FLORIDA 05 | |
| Principal Place of Business 19411 ATRIUM PLACE, SUITE 170 HOUSTON, TX 77084 | | Mailing Address 19411 ATRIUM PLACE, SUITE 170 HOUSTON, TX 77084 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | FL | | Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ | | | | 900062483989 12/30/05--01007--006 **150.00 | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVST MARTIN, DON 19411 ATRIUM PLACE, SUITE 170 HOUSTON, TX 77084 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | See Attachment for New Officers 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SHAHER, HOLLY 19411 ATRIUM PLACE SUITE 170 HOUSTON, TX 77084 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPCE SHAPIRO, ARMAND 19411 ATRIUM PLACE, SUITE 170 HOUSTON, TX 77084 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u>Holly Shafer</u> Holly Shafer Asst Secy | | | | Date: <u>11/28/05</u> | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone #: <u>(832)391-7320</u> | | | |

New Officer 2004
only

Division of Corporations Reinstatement

2005

Document Number F95000005561
Business Entity Name GARDEN RIDGE MANAGEMENT, INC.
Prior notice was Not Received
FEI Number 760484961
FEI Number Status Listed Above
Certificate of Status Desired No

Principal Place of Business

Address 19411 ATRIUM PLACE, SUITE 170
Suite, Apt. #, etc.
City, State HOUSTON, TX
Zip Code & Country 77084

Mailing Address

Address 19411 ATRIUM PLACE,
Suite, Apt. #, etc. SUITE 170
City, State HOUSTON, TX
Zip Code & Country 77084

Name And Address of Registered Agent

RA Business Name CORPORATION SERVICE
COMPANY
Address 1201 HAYS STREET
Suite, Apt. #, etc.
City, State TALLAHASSEE, FL
Zip Code & Country 323012525 US
Registered Agent Signature CORPORATION SERVICE
COMPANY

Officer/Director Name And Address

Title CEO
Name (Last, First, Middle, Title) KIBARIAN, THOMAS , M
Street Address 19411 ATRIUM PLACE, SUITE 170
City, State HOUSTON, TX
Zip Code & Country 77084

Title VP
Name (Last, First, Middle, Title) BALTES, CHRISTOPHER , A
Street Address 19411 ATRIUM PLACE SUITE 170

3094

City, State HOUSTON, TX
Zip Code & Country 77084

Title SEC
Name (Last, First, Middle, Title) BROWN, RICHARD , K
Street Address 19411 ATRIUM PLACE, SUITE 170
City, State HOUSTON, TX
Zip Code & Country 77084

Title AS
Name (Last, First, Middle, Title) SHAFER, HOLLY
Street Address 19411 ATRIUM PLACE, SUITE 170
City, State HOUSTON, TX
Zip Code & Country 77084

Title SECRETARY
Officer/Director Signature 
RICHARD K. BROWN

4094

October 6, 2005

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Filing of 2005 Annual Report for Garden Ridge Management, Inc., No. F95000005561, and Garden Ridge, L.P., Limited Partnership, No. B95000000422

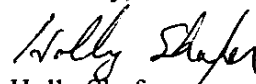
Dear Sir/Madam:

Garden Ridge Management, Inc. is a for profit corporation authorized to do business in Florida since 1996, however, this year we did not receive a notice from the state of the deadline for filing the report. I have enclosed the Reinstatement Report for 2005 and the \$150.00 filing fee

Garden Ridge, L.P., Limited Partnership, is also authorized to do business in Florida and did not receive notice. I have enclosed the Reinstatement Report for 2005 and the \$526.25 filing fee.

Please do not hesitate to call me 832-391-7320 if you have any questions or need anything further.

Sincerely,



Holly Shafer
Assistant Controller

Enclosures

cc: Rich Brown