

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 434278

1. Corporation Name

Garden Hill Investment Corp.

Principal Place of Business

Mailing Address

16 Jacobs Road  
Rockaway, N.J. 07866

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
99 NOV 19 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-99

4. Date Incorporated or Qualified To Do Business in Florida

9-5-1973 SP

5. FEI Number

59-539893

Applied For

Not Applicable

6. 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
P	Susana Lopez	44 Spring Valley Rd	Paramus, NJ 07866
V	Marina Andrea	16 Jacobs Rd	Rockaway, NJ 07866
S	Jorge Lopez	16 Beach St.	Jersey City, NJ 07307
			000003059060--8 -12/02/99--01062--027 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Enrique Lopez  
Key Largo Ocean Resorts  
mile marker 9.5  
Key Largo, FL 33037

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

*Enrique Lopez*

REGISTERED AGENT MUST SIGN

Date 11/11/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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)(l), 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:

*Marina Andrea*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/99

Date

973-983-9731

Daytime Phone #

0322001 (12/99)