

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 8:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **715983**

1. Corporation Name

FLORIDA GARDENS CIVIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 540906
 LAKE WORTH FL 33467

Mailing Address

P.O. BOX 540906
 LAKE WORTH FL 33467



REINSTATEMENT 02

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

4. Date Incorporated or Qualified To Do Business in Florida

02/03/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1162610

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MATYSKIEL, ROBERT	111 AKRON RD	LAKE WORTH FL 33467
VPD	BASSO, TONY	16 CANTON ROAD	LAKE WORTH FL 33467
ST	HOCKENBERRY, KATHIE A Temporary Treasurer Steven Ciavola	16 WEST PALM AVENUE	LAKE WORTH FL 33467 Lakeworth FL 33467

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8. Name and Address of Current Registered Agent

~~HOCKENBERRY, KATHIE~~
~~12 WEST PALM AVENUE~~
 LAKE WORTH FL 33467

Temporary Appt.
 Steven Ciavola
 39 Cleveland Rd

9. Name and Address of New Registered Agent

Name Steven Ciavola
 Street Address (P.O. Box Number is Not Acceptable) 39 Cleveland Rd
 Suite, Apt. #, Etc. L
 City Lakeworth State FL Zip Code 33467

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE Steven Ciavola
 REGISTERED AGENT MUST SIGN

Date

11-4-02

11. 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:

SIGNATURE Steven Ciavola
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-02

CR2E040 (8/02)