PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name

FLORIDA GARDENS CIVIC ASSOCIATION, INC.

Principal Place of Business

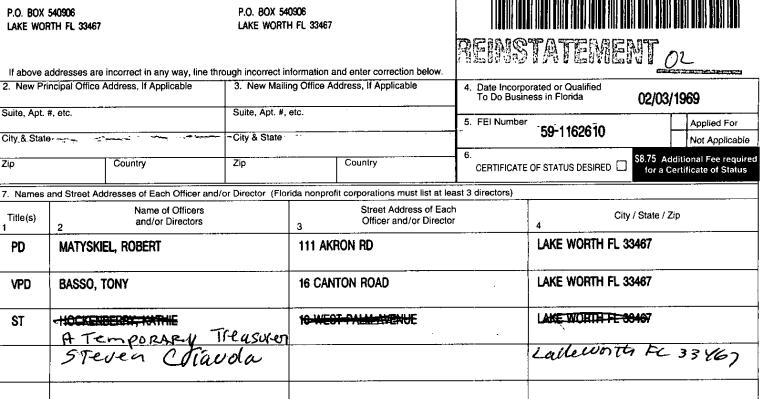
Mailing Address

P.O. BOX 540906

P.O. BOX 540906

FILED

02 NOV 21 AM 8:59



12-WEST FACILIAVENUE. LAKE WORTH FL 33467

Temporary Appt. Steven Citarda

8. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

3R2E040

NO! 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

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 he same legal effect as if made under oath.