

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 22 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715983

1. Corporation Name

FLORIDA GARDENS CIVIC ASSOCIATION INC

02/17/03 90219 047 \$61.25

700030820407
03/22/04 - 010145-000 - \$36.25

REINSTATEMENT 03-04

2. Principal Office Address

134 OHIO RD

Suite, Apt. #, etc.

City & State

LAKE WORTH

Zip

FL

Country USA

PALM BEACH

3. Mailing Office Address

P.O BOX 540906

Suite, Apt. #, etc.

City & State

LAKE WORTH

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1969

5. FEI Number

59-1162610

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRUCE BURKE

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

49 CANTON RD.

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

B. Burke

REGISTERED AGENT MUST SIGN

Date

3-15-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BRUCE BURKE	49 CANTON RD	LAKE WORTH FL 33467
VP	DAVID STANLEY	49 W. ARCH RD	LAKE WORTH FL 33467
S	PETE HOCKENBUAYS	13 W PALM	LAKE WORTH FL 33467
T	TONY BASSO	16 CANTON RD	LAKE WORTH FL 33467

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 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:

Bruce Burke

BRUCE BURKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

Date

561-644-1163

Daytime Phone #