PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 30 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N18209

1. Corporation Name
NARCISSUS GARDENS CONDOMINIUM, INC.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
7100 W Commercial Blvd	7100 W. Commercial Blvd.
Suite, Apt. #, etc.: Suite 107	Suite, Apt. #, etc.: Suite 107
City & State: Lauderhill, FL.	City & State: Lauderhill, FL.
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/17/70

5. FEI Number: 59-1372611 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ambassador Community Management Inc.
Street Address (P.O. Box Number is Not Acceptable): 7100 W. Commercial Blvd. 236.25-Adm
Suite, Apt. #, Etc.: Suite 107 61.25-AR
City: Lauderhill, State: FL Zip Code: 33319

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: Marilyn P. Chris Date: 5/28/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PD	Judy Maisel	5151 W. Oakland Pk Blvd #110	Lauderdale Lakes, FL. 33313
VPD	MARY WEINGARD	5151 W. Oakland Pk Blvd #305	Lauderdale Lakes, FL. 33313
SD	Gilles Constantineau	5151 W. Oakland Pk Blvd. # 311	Lauderdale Lakes, FL. 33313
TD	INEZ LEVINE	22 Creek Rd.	BARNEGAT, NJ. 08005
2nd VPD	MARILYN CHRUST	5151 W. Oakland Pk Blvd. # 208	Lauderdale Lakes, FL. 33313
D	KATHLEEN PRAVATO	5151 W. Oakland Pk Blvd # 109	Lauderdale Lakes, FL. 33313

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: Judy Maisel 5/28/02 954-720-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #