

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

1062

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03 UBR

03 MAR 12 AM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

722736

1. Corporation Name

Palm Garden Apartment Condominium Association, Inc.

[Handwritten mark]

2002-2003 UBR

2. Principal Office Address

P.O. Box 31026

Suite, Apt. #, etc.

City & State--

Palm Beach Gardens, FL.

Zip

33420

Country

USA

3. Mailing Office Address

P.O. Box 31026

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL.

Zip

33420

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-1478684

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

STAMPAGA, INC.

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

1603 SW CALEDO STREET

Suite, Apt. #, Etc.

City

Palm City

State
FL

Zip Code

34990

700013914847

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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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

3/5/03

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
PO	KATHERINE SINISH REARDON	10249 N. MILITARY TRAIL #102N	Palm Beach Gardens, FL. 33410
VD	VIRGINIA De MANNUS	10249 N. MILITARY TRAIL #101 N	Palm Beach Gardens, FL. 33410
TD	LEAH HERMANN	10193 N. MILITARY TRAIL #204S	Palm Beach Gardens, FL. 33410
SD	DONNA MAURO	10193 N. MILITARY TRAIL #208 S	Palm Beach Gardens, FL. 33410
D	BETH ABEL	10249 N. MILITARY TRAIL #202N	Palm Beach Gardens, FL. 33410

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

Date

561-687-7475

Daytime Phone #

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PALM GARDEN CONDOMINIUM ASSOC., INC.
C/O STAMBAUGH, INC.
P. O. BOX 31026
PALM BEACH GARDENS, FL 33420
(561) - 687-7475

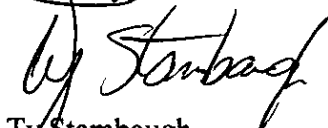
March 5, 2003

Dear Sir,

Please find form and check for Corporation reinstatement. The previous registered agent did not forward to the Association or new agent. In reviewing our records we noticed this oversight and immediately obtained forms to submit. The Association is requesting that any additional fees be waived due to them not receiving notice.

Your cooperation will be greatly appreciated.

Sincerely,



Ty Stambaugh
as Property Manager
for Palm Garden Condominium Association, Inc.

cc: management file