

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUN 24 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 726043

1. Corporation Name

Walnut Gardens Condominium Inc.

2. Principal Office Address - No P.O. Box #

4701 NW 34th Street  
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, Florida

City & State

Zip

Country

Zip

Country

33319

Broward

4. Date Incorporated or Qualified To Do Business in Florida

4/7/1973

5. FEI Number 891584288

Applied For Not Applicable

6.

12/10/07 0052 004- \$61.25  
02/26/08 CRZED01 (12/07) 01029 009 \$297.50-  
\$236.25

7. Name and Address of Current Registered Agent

Name

Foundation Property Services

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

6530 Griffin Road

Suite, Apt. #, Etc.

Suite # 104

City

DAVIE

State  
FL

Zip Code

33314

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0608 or 617.0503, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

05-20-08

**REINSTATEMENT**

07-08

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President -	Guy Canton	4700 NW 35th Street W504	Lauderdale Lakes, FL 33319
Vice President -	Jean-Francois Huberk	3400 NW 48th Avenue U513	Lauderdale Lakes, FL 33319
Vice President -	Daniel Delude	3401 NW 47th Avenue V604	Lauderdale Lakes, FL 33319
Treasurer -	Camille Dutrisac	4701 NW 34th Street T607	Lauderdale Lakes, FL 33319
Secretary -	Pauline Lusko Robitaille	3401 NW 47th Avenue V510	Lauderdale Lakes, FL 33319

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 contained in Chapter 119, 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:

*Guy Canton President H.G.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 May 2008

Day

Daytime Phone #