

R.G. FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB 26 AM 8:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745734

1. Corporation Name
Nova Gardens Condominium Association, Inc.

200028733522
02/13/04--01037--014 **236.25
REINSTATEMENT 03-04
02/13/04 10:08:17 AM #236.25

2. Principal Office Address C/O Goldman, Juda & Martin		3. Mailing Office Address C/O Goldman, Juda & Martin	
Suite, Apt. #, etc. 8211 W. Broward Blvd Ste PH		Suite, Apt. #, etc. 8211 W. Broward Blvd Ste PH	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324-2745	Country Broward	Zip 33324-2745	Country Broward

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-1999646	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name: Tripp Scott - (ATTN) Matthew Zifrony, Director

Street Address (P.O. Box Number is Not Acceptable): 110 SE 6th Street

Suite, Apt. #, Etc.: 15th Floor

City: Ft. Lauderdale

State: FL Zip Code: 33301

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: *[Signature]* Date: 1/8/04

REGISTERED AGENT MUST SIGN

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
Pres	Rick Fernandez	7020 Nova Dr.	DAVIE FL 33317
V.P.	Abu-Jabin Omar	7000 Nova Dr.	
Secy	Mildred Kearns	7100 Nova Dr.	
Dir	Anthony Petrilli	7080 Nova Dr.	
Tres.	Florence Shernoff	7060 Nova Dr.	

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)(l), 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: *Debra Cappadora* Director Date: 2-2-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra Cappadora

CR20011002