

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 FEB 10 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 750116

1. Corporation Name  
Atrium Gardens Condominium Association, Inc.

Principal Place of Business Mailing Address

18001 N. Bay Road  
Sunny Isls, Fl. 33160

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-2270630	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
P/D	Arturo Santander	18001 N. Bay Road, #209	Sunny Isles, FL
V/D	Enrique Valdes	18001 N. Bay Road, #304	Sunny Isles, FL
T/D	William Silva	18001 N. Bay Road, #509	Sunny Isles, FL

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\*\*\*\*297.50 \*\*\*\*297.50  
97-98  
SC 2-10-98

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

Arturo Santander  
18001 N. Bay Road, #209  
Suuny Isles, Fl. 33160

9. Name and Address of New Registered Agent

Name Arturo Santander  
Street Address (P.O. Box Number is Not Acceptable) 18001 N. Bay Road, #209  
Suite, Apt. #, Etc.  
City Suuny Isles, FL Zip Code 33160

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.01, F.S.

Signature of Registered Agent

*Arturo Santander*

REGISTERED AGENT MUST SIGN

Date

2/5/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature is under oath.

Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature is under oath.

SIGNATURE:

*Arturo Santander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/98

Distance Phone A

CP2E040 (12/95)