

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

02 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200005509502--8
-05/14/02--01060--014
****122.50 ****122.50



REINSTATEMENT 01-02

DOCUMENT # N96000006565

1. Corporation Name

FANTASTIC GARDENS ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9568 SW 67 CT
MIAMI FL 33156

9568 SW 67 CT
MIAMI FL 33156

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1997

5. FEI Number

65-0796543

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	SHUFFIELD, RONALD A	9568 SW 67 CT	MIAMI FL 33156
D	ROSS, CHARLES L	9588 SW 67 CT	MIAMI FL 33156
D	ATKINS, DONN B	9567 SW 67 CT	MIAMI FL 33156
			200005509502--8 -05/14/02--01060--015 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHUFFIELD, RONALD A
9568 SW 67 CT
MIAMI FL 33156

Name

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

Suits, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Ronald A. Shuffield
REGISTERED AGENT MUST SIGN

Date

4/30/02

11. 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:

Ronald A. Shuffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02

Daytime Phone #

305-667-8871

CR2040 (8/01)