

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 28 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F30280

1. Corporation Name

PONDEV GARDENS HOLDING, INC.

600008606136
10/28/02--01042--001 **1350.00

2. Principal Office Address

300 S.W. 2nd Street

3. Mailing Office Address

300 S.W. 2nd Street

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

10/28/02--01042--001 **1350.00

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business In Florida

05/15/1981

5. FEI Number

59-2416701

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JENNIFER LEVIN, Esq.

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

100 West Cypress Creek Road

Suite, Apt. #, Etc.

Suite 700

City

Ft. Lauderdale

State
FL

Zip Code

33309

B. 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

REGISTERED AGENT MUST SIGN

Date October 21, 2002

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
DPST	LEPINE, RENE G.	1775 S, OCEAN BOULEVARD	DELRAY BEACH, FL 33483

10/31

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)(f), 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:

RENE G. LEPINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/02

Date

514-288-8000

Daytime Phone #