

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 21 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

761282

1. Corporation Name

GARDEN HILLS HOME OWNERS ASSOCIATION, INC.

2. Principal Office Address

5331 Mendoza Street

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33415

Country

3. Mailing Office Address

5331 Mendoza Street

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33415

Country

REINSTATEMENT

04-05

**4. Date incorporated or Qualified
To Do Business in Florida**

12/30/81

5. FEI Number

59-2321704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

St. John, Core & Lemme, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1601 Forum Place

Suite, Apt. #, Etc.
Suite 701

City

West Palm Beach

State

FL

Zip Code

33401

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**

David St. John

Date

1/12/05

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 |
|--------|--------------------------------------|---|--------------------------------|
| PD | Bruce Berg | 5437 Mendoza Street | West Palm Beach, Florida 33415 |
| VPD | Dan Hughes | 5449 Bonky Court | West Palm Beach, Florida 33415 |
| TD | Juan Machuca | 5469 Garden Hill Circle | West Palm Beach, Florida 33415 |
| SD | Dotty Tidmarsh | 1588 Ferngran Avenue | West Palm Beach, Florida 33415 |
| D | Tony Cender | 5286 Robby Court | West Palm Beach, Florida 33415 |
| | | | |

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Berg

Date

01/12/05

Daytime Phone #

CR2E081 (01/05)