

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAR 25 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740648

1. Corporation Name

GARDEN PATIO VILLAS II
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

500 ROCK ISLAND RD

Suite, Apt. #, etc.

3. Mailing Office Address

510 ROCK ISLAND RD.

Suite, Apt. #, etc.

Box #8

City & State

MARGATE FL.

City & State

MARGATE FL

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

200197756402
03/14/11--01064--015 **297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1977

5. FEI Number

59-180400-3

☐ 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

BERNICE PRATT

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

510 ROCK ISLAND RD

Suite, Apt. #, Etc.

VILLA #5

City

MARGATE

State

FL

Zip Code

33063

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

Ms. Bernice Pratt

REGISTERED AGENT MUST SIGN

Date 8 March 2011

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
P	BERNICE PRATT	510 ROCK ISLAND RD	MARGATE FL 33063
VP	PATRICIA KEENAN	510 ROCK ISLAND RD	MARGATE FL 33063
T	ELAINE FERKINS	510 ROCK ISLAND RD	MARGATE FL 33063
S	ANNY MAYER	610 ROCK ISLAND RD	MARGATE FL 33063
REINSTATEMENT RH			

10. E-mail Address: NONE

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Bernice Pratt Pres.

19 March 2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #