



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 715631 1. Entity Name GARDEN ISLES APARTMENTS #1, INC.						FILED 05 OCT 18 PM 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05 	
Principal Place of Business 600 PINE DRIVE POMPANO BEACH, FL 33060				Mailing Address 600 PINE DRIVE POMPANO BEACH, FL 33060			
2. Principal Place of Business		3. Mailing Address				10122005 REIN-NP CR2E099 (6/04) 4. FEI Number 59-1269652 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TRAPANI, RALPH 600 PINE DRIVE POMPANO BEACH, FL 33060				Name CLIFF ROGERSON (V) Street Address (P.O. Box Number is Not Acceptable) 600 PINE DR #110 City POMPANO BEACH FL Zip Code 33060			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Cliff Rogerson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 10-12-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50 <i>pd 10/14/05 Check #7247</i>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANZON, BO 600 PINE DR., #212 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060696129 10/18/05--01011--005 \$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERSON, CLIFF 600 PINE DR., #110 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOZROR, DOROTHEA 600 PINE DR., #211 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRPAN, MILAN 600 PINE DR., #212 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, MARTIN 600 PINE DR., #108 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Cliff Rogerson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10-12-05 Daytime Phone # 954-941-5520			