


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 715631 1. Entity Name GARDEN ISLES APARTMENTS #1, INC.	
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FILED

05 OCT 18 PM 4:22

Principal Place of Business 600 PINE DRIVE POMPANO BEACH, FL 33060	Mailing Address 600 PINE DRIVE POMPANO BEACH, FL 33060
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT OS



2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-1269652	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10122005 REIN-NP	CR2E099 (6/04)
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

~~TRAPANI, RALPH
600 PINE DRIVE
POMPANO BEACH, FL 33060~~

7. Name and Address of New Registered Agent

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: *Cliff Rogerson* DATE: **10-12-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE	P JANZON, BO	<input type="checkbox"/> Delete
NAME	600 PINE DR., #212	
STREET ADDRESS	POMPANO BEACH, FL 33060	
CITY-ST-ZIP		
TITLE	V ROGERSON, CLIFF	<input type="checkbox"/> Delete
NAME	600 PINE DR., #110	
STREET ADDRESS	POMPANO BEACH, FL 33060	
CITY-ST-ZIP		
TITLE	T BOZROR, DOROTHEA	<input type="checkbox"/> Delete
NAME	600 PINE DR., #211	
STREET ADDRESS	POMPANO BEACH, FL 33060	
CITY-ST-ZIP		
TITLE	S KRPAN, MILAN	<input type="checkbox"/> Delete
NAME	600 PINE DR., #212	
STREET ADDRESS	POMPANO BEACH, FL 33060	
CITY-ST-ZIP		
TITLE	D DONAHUE, MARTIN	<input type="checkbox"/> Delete
NAME	600 PINE DR., #108	
STREET ADDRESS	POMPANO BEACH, FL 33060	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900060696129	
STREET ADDRESS	10/18/05--01011--005	
CITY-ST-ZIP	**\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Cliff Rogerson* DATE: **10-12-05** DAYTIME PHONE #: **954-941-5520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR