Page 1 of 2

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 719169

1. Entity Name
MAJESTIC GARDENS CONDOMINIUM C ASSOCIATION, INC.

FILED
05 NOV 14 AM 11:39
700050899357
10/24/05--01063--016 **150.00
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ASSOCIATION INC 4045 NW 16TH ST. LAUDERHILL, FL 33313 US	ASSOCIATION INC 4045 NW 16TH ST. LAUDERHILL, FL 33313 US

09232005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1349295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA DONALDSON 4045 N.W. 16TH ST. LAUDERHILL, FL 33313	Name PETER GREENE Street Address (P.O. Box Number is Not Acceptable) 4045 NW 16th ST City LAUDERHILL FL Zip Code 33313

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 Peter Greene Peter Greene 10/01/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2006, Fee will be $122.50

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 FLORIDA DONALDSON 4045 NW 16TH STREET LAUDERHILL, FL 33313	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETER GREENE 4045 NW 16ST LAUDERHILL FL 33313 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KELLY, IVY 4045 NW 16TH ST. LAUDERHILL, FL 33313	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WENDILINE MALSON WEBSTER 4045 NW 16ST LAUDERHILL FL. 33313 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MAMIE 4045 NW 16TH ST. LAUDERHILL, FL 33313	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Lucille Walker 4045 NW 16ST LAUDERHILL FL. 33313 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LONEHEM, MARY L 4045 NW 16TH ST., #109 FORT LAUDERDALE, FL 33313	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joel Cohen 4045 NW16ST LAUDERHILL FL 33313 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR M. CARTER-JACKSON EIA 16328 SW 23rd ST MIRAMAR 33027 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GAS FOR RICHARDSON 4045 NW16ST LAUDERHILL FL 33313 ☐ Change ☒ 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: PETER GREENE Peter Greene 10/11 2005 954 577 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILE NOW!!! FEE IS $61.25 After January 1, 2006, Fee will be $123.50	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 FLORIDA DONALDSON 4045 NW 16TH STREET LAUDERHILL, FL 33313	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition TR NORMA HUDSON 4045 NW 16ST LAUDERHILL FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, IVY 4045 NW 16TH ST. LAUDERHILL, FL 33313	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MAMIE 4045 NW 16TH ST. LAUDERHILL, FL 33313	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONEHEM, MARY L 4045 NW 16TH ST., #109 FORT LAUDERDALE, FL 33313	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #