


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 722296		
1. Entity Name GARSAN CONDOMINIUMS, INC.		

FILED

2008 MAR -5 AM 8: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02202008 REIN:NP CR2E099(1/07)

**REINSTATEMENT 7108**

Principal Place of Business 900 W 49TH STREET 220 HIALEAH, FL 33012	Mailing Address 900 W 49TH STREET 220 HIALEAH, FL 33012 US
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2. Principal Place of Business - No P.O. Box # 5979 NW 151 ST.	3. Mailing Address P.O. Box 160718
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc.

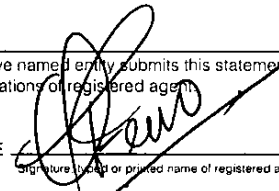
City & State MIAMI LAKES, FL	City & State HIALEAH, FL
Zip 33014	Country U.S.A.
Zip 33016	Country U.S.A.

4. FEI Number 59-1776532	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELATORRE, CLEMENTE J 900 W 49TH STREET STE 220 HIALEAH, FL 33012
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7. Name and Address of New Registered Agent Name <u>Florida's Property Management</u> Street Address (P.O. Box Number is Not Acceptable) 5979 NW 151 ST. # 101 City <u>MIAMI LAKES</u> FL Zip Code <u>33014</u>
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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 	DATE <u>2/14/08</u>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLANCO, ALBA 900 W. 49 ST. 220 HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OLMO, TEODULO C 900 WEST 49TH ST SUITE 220 HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SEGOVIA, MARIA C 900 W. 49 ST. STE. 220 HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10012074711 03/19/08-01035-019 **297.50
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Alba Blanco</u>	Alba Blanco President <u>2/2/2008</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	