

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAR 20 PM 12:09

DOCUMENT # 726909

1. Corporation Name  
Paradise Gardens Section III Home Owners  
Association, INC

**REINSTATEMENT 2013**

2. Principal Office Address - No P.O. Box # 6935 Margate Blvd		3. Mailing Office Address 6935 Margate Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Margate FL #		City & State Margate FL	
Zip 33063	Country Broward JSA	Zip 33063	Country Broward JSA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 7/10/1973	
5. FEI Number 237334866	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED Yes	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Elizabeth Murphy

Street Address (P.O. Box Number is Not Acceptable)  
1720 NW 70TH LANE

Suite, Apt. #, Etc.

City  
Margate

State  
FL

Zip Code  
33063

MAR 21 2013

T. CAULEY

300245921123

03/20/13--01023--017 \*\*245.00

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 Elizabeth Murphy Date 3-13-13

REGISTERED AGENT MUST SIGN

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
Pres	Ross Russell	6980 NW 17 st	Margate FL 33063
V. Pres	Billy Luchohn	1200 NW 70th lane	Margate FL 33063
Treas	Lawson Beracha	6950 NW 14th Pl	Margate FL 33063
Secy	GARY TARDI	1480 NW 70th lane	Margate FL 33063
Dir	Elizabeth Murphy	1720 NW 70th lane	Margate FL 33063
Dir	Joyce Bryan	7005 NW 17 st	Margate FL 33063

10. E-mail Address: Bettyggiii@aol.com  
(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: Ross Russell DATE: 3/13/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR