PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATIO	N
REINSTATEME	NT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 APR 28 PM 2: 23

TALLAHASSEE, FLORIDA

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1. Corporation Name

American Gardens Condominium Association, Inc.

2. Principal Office Address 7840 - 7850- 7860 Harding Avenue 3. Mailing Office Address 11936 SW 8th Street			REMSTATEMENT 02-00						
Suite, Apt. #, etc. City & State Miami Beach, FL: —		City & State Miami; FL		4. Date Incorporated or Qualified To Do Business in Florida					
							5. FEI Number		

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7. Name and Address	of Current Registered Agent
Name Alfredo E. Alvarez	
Street Address (P.O. Box Number is Not Acceptable) 11936 SW 8th Street	800036198818 05/12/0401048010 ***358.
Suite, Apt. #, Etc.	
City Miami	State Zip Code 33184-1672

8. I, being a	ppointed the registe rs d age	ent of the above named co	progration, am familiar with and	accept the obligations of section	1607.0505 or 617.0503, F.S
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Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director PD George Oramas 7860 Harding Ave. Unit 3B Miami Beach, FL 33141-2161 VP/S Miami Beach, FL 33141-2161 Janet McKiernan 7860 Harding Ave. Unit 4B T 7850 Harding Ave. Unit 2A Elsa Sanchez Miami Beach, FL 33141-2161 D Juanita McKiernan 7840 Harding Ave. Unit 5 Miami Beach, FL 33141-2161 D Thomas McKiernan 7840 Harding Ave. Unit 5 Miami Beach, FL 33141-2161

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

J.R. Gonzalez & Associates, Inc. 17 U. STATE Property Management O4 APR 28 PM 2: 23 ASSOCIATES, Inc. 17 U. STATE TALLAMASSEE, FLORIDA

April 26, 2004

Mr. Sean Toner, Supervisor Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: American Gardens Condominium Association, Inc.

Dear Mr. Toner:

Enclosed please find check # 2312 in the amount of \$1,050.00 to reinstate the above referenced corporation. Please feel free to contact me at (305) 553-1989 should you have any questions in reference to this matter.

Cordially yours,

Alfredo E. Alvarez General Manager

Cc: Board of Directors, File