

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

297 ~~96~~ APR 23
APPROVED AND FILED

97 APR 23 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758637

1. Corporation Name

ORCHARD GARDEN CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

13963 N.E. 3RD COURT
NORTH MIAMI FL 33161

%ASSOCIATION MANAGEMENT
8306 MILLS DR., SUITE 688
MIAMI FL 33183



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/03/1981	
City & State		City & State		5. FEI Number	
Zip		Country		58-2162427	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	BALDIE, PAULETTE	168 47 N.E. 3RD COURT NO.	NORTH MIAMI FL 33161
	STU BERGER	P.O. Box 2155	HALLANDALE, FL 33008
DNS	BANNERMAN, MELVIN	13025 N.E. 8RD COURT	NORTH MIAMI FL 33101
DS	BALDIE, PAULETTE	8830 S.W. 10th Street	Pembroke Pines, FL 33025
DT	BERTAN, ABE	13905 NE 8RD COURT	NORTH MIAMI FL 33101
DVP/S	BERTAN, ABE	P.O. Box 2155	HALLANDALE, FLA. 33001
DO	MOORE, THOMAS	8010 BROAD MANOR ROAD	MIAMI FL 33147

REINSTATEMENT 916-97

200002157852--9
04/29/97--01040--005

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KREMEN, MARSHALL V
% ASSOCIATION MANAGEMENT GROUP, INC.
8306 MILLS DRIVE, SUITE 688
MIAMI FL 33183

Name
200002157852--9
Street Address (P.O. Box Number is Not Applicable)
04/29/97--01040--005
Suite, Apt. #, Etc.
*****52.50 *****52.50
City
State
FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

Sept 30/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature] ABE BERTAN President

Date

3/1/97 (305)

Daytime Phone

2745650