

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758637

1. Corporation Name

ORCHARD GARDEN CONDOMINIUM, INC.

Principal Place of Business

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

Mailing Address

C/O ASSOCIATION MGMT GN INC
20533 BISCAYNE BLVD #469
AVENTURA FL 33180-529
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1981

5. FEI Number

59-2162427

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BERGER, STU	N/A PO BOX 2155	HALLANDALE FL 33008
TD	BALDIE, PAULETTE	8830 S.W. 10TH STREET	PEMBROKE PINES FL 33025
D	BEATAN, ABE	P.O. BOX 2155	HALLANDALE FL 33008
PD	SIAHAYA, JIMMY	13927 N.E. 3RD COURT	NO MIAMI FL 33160
D	BANNERMAN, MELVIN	113925 NE 3RD COURT	NO MIAMI FL 33160
S	NAILS, DEBBIE	13941 NE 3RD COURT	NO MIAMI FL 33160

8. Name and Address of Current Registered Agent

KREMEN, MARSHALL V
C/O ASSOCIATIN MANAGEMENT GROUP INC
20533 BISCAYNE BLVD- #469
AVENTURA FL 33180-1529

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
4000003169924--8	
Suite, Apt. #, Etc.	-03/14/00--01119--032
City	*****70.00 *****70.00
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

SIGNATURE REQUIRED

Date 2-7-2000

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4000003169924--8
-03/14/00--01119--032
2/29/2000 (305) 243-1180
Date Daytime Phone #

CR2E040 (8/99)