

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



FILED

00 MAR -7 AM 11:20

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  
 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.

**REINSTATEMENT 99-00**

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip      |
|----------|-----------------------------------|--|-------------------------|
| 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 ASSOCIATION 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) **400003169924--8**  
 Suite, Apt. #, Etc. **-03/14/00--01119--032**  
 City State Zip Code **\*\*\*\*\*70.00 \*\*\*\*\*70.00**  
**FL**

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]* **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]* **SIGNATURE REQUIRED** Date **2/29/2000** Daytime Phone # **(305) 243-7180**

**400003169924--8**  
**-03/14/00--01119--033**  
**\*\*\*\*\*235.75 \*\*\*\*\*235.75**

CR2E040 (8/99)