


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

DOCUMENT # 758637

1. Corporation Name

ORCHARD GARDEN CONDOMINIUM, INC

2. Principal Office Address - No P.O. Box #

160 NW 176 Street

Suite, Apt. #, etc.

# 301

City & State

MIAMI, FL

Zip

33160

Country

USA

3. Mailing Office Address

P.O. Box 630280

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33163

Country

USA

REINSTATEMENT 06-09

500159737905

08/19/09--01037--007 \*\*\*420.00

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

592162427

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

MARSHALL KREMEN

Street Address (P.O. Box Number is Not Acceptable)

160 NW 176 STREET #

Suite, Apt. #, Etc.

# 301

City

MIAMI

State

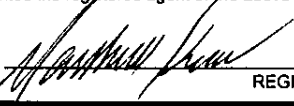
FL

Zip Code

33169

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



REGISTERED AGENT MUST SIGN

Date 8/5/09

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
P/D	SIHAYA, JAMES	P.O. Box 013506	MIAMI, FL 33101
VP/D	FRANCOIS MARIE	13907 NE 3rd CT	NO MIAMI FL 3316
TS/D	Jean Pierre, Celia	13905 NE 3rd CT	NO MIAMI, FL 33161
			208/20

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SIHAYA

8/5/09

Date

305/652-6464

Daytime Phone #