

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758637

1. Corporation Name
ORCHARD GARDEN CONDOMINIUM, INC

REINSTATEMENT 06-09

500159737905
08/19/09--01037--007 ***420.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
160 NW 176 Street

3. Mailing Office Address
P.O. Box 630280

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33160 USA

Zip Country
33163 USA

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 State Zip Code
MIAMI FL 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, Celita	13905 NE. 3rd CT	Nº MIAMI, FL 33161

08/20

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: JAMES SIHAYA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/09 305/652-6464
Date Daytime Phone #