

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

01 JUN 18 PM 5:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N00060004385
 1. Corporation Name
 The Gardens at Highland Beach South
 Homeowners Association Inc

2. Principal Office Address
 1115 Highland Beach Dr.
 Suite, Apt. #, etc.

3. Mailing Office Address
 Same
 Suite, Apt. #, etc.

City & State
 Highland Beach FL

Zip Country
 33487 US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
 65-103544
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 Bernard Fortgang
~~Monica Brisson~~

Street Address (P.O. Box Number is Not Acceptable)
 1115 Highland Beach Drive

Suite, Apt. #, Etc.

City State Zip Code
 High FL 33487

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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
 [Signature]
 REGISTERED AGENT MUST SIGN

Date
 6/18/01

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
PRES	BERNARD FORTANG ^P	1115 Highland Beach Dr.	Highland Beach, FL 33487
V. PRES	NICOLE SIEGEL ^P	1113 Highland Beach Dr.	Highland Beach, FL 33487
SECRETARIES	MONICA BRISSON ^D	1115 Highland Beach Dr.	Highland Beach, FL 33487
			01 UBR

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
 5-9-01

Daytime Phone #
 561 330-6213