

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 16 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



DOCUMENT # N02000001989

1. Entity Name
GARDENS INDUSTRIAL PARK CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
10465 NW 131 ST
HIALEAH GARDENS, FL 33018

Mailing Address
10465 NW 131 ST
HIALEAH GARDENS, FL 33018

2. Principal Place of Business
5917 OAK Ave.
Suite, Apt. #, etc.
240

3. Mailing Address
5917 OAK Ave.
Suite, Apt. #, etc.
240

City & State
Temple City, CA

City & State
Temple City, CA

Zip
91780

Country
USA

Zip
91780

Country
USA

12062006 REIN-NP CR2E099 (11/05)

4. FEI Number
38-3681930

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESTELLY, CEASAR JR.
7600 WEST 20 AVENUE, #220
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name
Ineldo M. O'Reilly

Street Address (P.O. Box Number is Not Acceptable)
9180 N.W. 119th St. #3

City
Hialeah Gardens

FL

Zip Code
33015

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ineldo M. O'Reilly / Director 01/03/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, INELDO 10465 NW 131 ST HIALEAH GARDENS, FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, ANTONIO 10465 NW 131 ST HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLY, INELDO M 10465 NW 131 ST HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400085837714 01/23/07--01007--004 **306.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'REILLY, ARIS 5917 OAK AVENUE, STE 240 TEMPLE CITY, CA 91780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIS O'Reilly / President 01/03/06 (626) 331-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/1/09