## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # N 0 2 0 0 0 0 0 2 464  1. Corporation Name  CARDEN ISLES APARTMENTS  CONDOMINIUM #1 , INC.  1. Medic Juliant  2. Principal Citizen Andrease  Builty, Apr. R. etc.  Sulfa, Apr. R. etc.  Sulfa, Apr. R. etc.  Cry & State  Country  3 3060 U.S.A.  33060 U.S.A.  33060 U.S.A.  September of Causting  3 3060 U.S.A.  September of Causting  4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ji	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations					FILED  06 NOV -6 PM 2:51  TALLANT OF STATE TALLANT SEE, FLORIDA		
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CONDOMINIUM #1, JNC.  WASTERD CHARGES CONTROLLED CONTRO	GARDEN ISLES APARTMENTS								
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20 33060 U.S.A. 33060 Curtory 33060 U.S.A. 6 CERTIFICATE OF STATUS DESIRED  10 33060 U.S.A. 33060 U.S.A. 6 CERTIFICATE OF STATUS DESIRED  10 33060 U.S.A. 33060 U.S.A. 6 CERTIFICATE OF STATUS DESIRED  10 20 1					<i>[</i> ]	5. FEI Numb			
Titles  Name of Officers and/or so of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors)  Name of Officers and/or of	Zip Country Zip			Country 6.					
Street Address (P.O. Box Burnibit's Not Acceptable)  Suite, Apt. #. Etc. # 201  City Fon pan Beach  B. I. being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent # August # A	33060 U.S.A. 33060 U.S.A. CERTIFICATE OF STATUS DESIRED for a Certificate of Status								
Street Address of P.O. Box payment is Not Acceptable)  State. 40 C. P. In X. D. PIV.  State. 40 C. P. In X. D. PIV.  State. 42 C.O.  FL. 330 G.D.  8. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or \$17.0503, F.S.  Signature of Registered Agent. A State of P.O. Box A. D. Beil. 10 - 30 - 10 C.  Registered Agent. A State Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles. Names and Street Addresses of Each Officer and/or Directors. Street Address of Each Officers and/or Directors. City / State / Zip.  P. A. S.A. J. E.N.N. A.R.O. G.O. P. N.E. DR. 20 / Rompaco BEACH, F.L. 330600  V. R. C. HARD M. QUEST.ON. G.O. P. N.E. DR. 30 B. POMPANO BEACH, F.L. 330600  S. C.L. F.F. ROGER SON. G.O. P. N.E. DR. 110 POMPANO BEACH, F.L. 330600  T. LEDNARD D. G.O. VANN. G.O. P. N.E. DR. 20 BACH BEACH, F.L. 330600  T. LEDNARD D. G.O. VANN. G.O. P. N.E. DR. 10 POMPANO BEACH, F.L. 330600  D. MARTIN DONA HUE G.O. P. N.E. DR. 10 Rompano BEACH F.C. 330600  10. 100705—1008—1004 W.248.00  10. 100705—1008—1008—1004 W.248.00  10. 100705—1008—1008—1004 W.248.00  10. 100705—1008—1008—1009 W.248.00  10. 100705—1008—1009 W.248.00  10. 100705—1008—1009 W.248.00  10. 100705—1008—1008—1009 W.248.00  10. 100705—1008—1009 W.248.00									
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State Pon Pane Beach  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	600 Pine Drive								
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Titles Officers and/or Directors  Street Address of Each Officer and/or Director  PLISA JENNARD 600 P.NE DR. 201 Pompare BEACH, FL. 33060  VRICHARD MEQUESTION 600 P.NE DR. 306 Pompare BEACH, FL. 33060  SCLIFF ROGERSON 600 P.NE DR. 110 Pompare BEACH, FL. 33060  TREDNARD DIGIONANNI 600 P.NE DR. 110 Pompare BEACH, FL. 33060  D MARTIN DONA HUE 600 P.NE DR. 108 Pompare BEACH FL. 33060  10 P20/06—01008—004 **248.00  10.1 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 cath.  SIGNATURE: MARTIN DAMAN LISQ JENNAVO 10/11/06 954-783-7881	Registered Agent Date / C - 5 U							30-06	
Officer and/or Directors  Officer and/or Director  DR. 201 Rempace Beach, FL 33060  VRICHARD MEQUESTION 600 PINE DR. 306 Pompace Beach, FL 33060  SCLIFF ROGERSON 600 PINE DR. 110 Rempace Beach, FL 33060  TEDNARD DIGIOVANNI 600 PINE DR. 203 Rempace Beach, FL 33060  D MARTIN DONA HUE 600 PINE DR. 108 Rempace Beach, FL 33060  10720706—01008—004 W248.00  10.1 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 fisted 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: MARCH 2007 10 / 11 / 01 954-783-7881	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
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## Barden Isles Apts. Condominium Association # 1,1 nC. 600 Pine Drive Pompano Beach, FL 33060

October 16, 2006

State of Florida Condominiums Tallahassee, Florida 32399

Reference: N02000002464

To Whom it May Concern:

Garden Isles Apartments Condominium Apts. #1, Inc. would ask the state to waive the \$175.00 Penalty Fee regarding #N02000002464 as we never received notice.

Attached is our check for \$248.00 for the reinstatement fee for this property from 03-06.

Thank you,

Lisa Jennaro President

Attachment.