


pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02000002464			
1. Corporation Name GARDEN ISLES APARTMENTS CONDOMINIUM #1, INC.			
2. Principal Office Address 600 PINE DR.		3. Mailing Office Address 600 PINE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL.		City & State POMPANO BEACH, FL.	
Zip 33060	Country U.S.A.	Zip 33060	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida 9-19-03		5. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Lisa Jennaro			
Street Address (P.O. Box Number is Not Acceptable) 600 Pine Drive			
Suite, Apt. #, Etc. # 201			
City Pompano Beach		State FL	Zip Code 33060
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 Lisa Jennaro		Date 10-30-06	
REGISTERED AGENT MUST SIGN			
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	LISA JENNARO	600 PINE DR. 201	POMPANO BEACH, FL 33060
V	RICHARD McQUESTION	600 PINE DR. 306	POMPANO BEACH, FL 33060
S	CLIFF ROGERSON	600 PINE DR. 110	POMPANO BEACH, FL 33060
T	LEONARD DIGIOVANNI	600 PINE DR. 203	POMPANO BEACH, FL 33060
D	MARTIN DONAHUE	600 PINE DR. 108	POMPANO BEACH, FL 33060
10/20/06--01008--004 **248.00			
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: Lisa Jennaro		Date 10/16/06 954-783-7881	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

pg 2 of 2

Garden Isles Apts. Condominium Association #1, Inc.

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.