

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -3 AM 9:27

DOCUMENT # N04000004699

1. Corporation Name

FLORIDA GARDEN CONDOMINIUMS ASSOCIATION
INC.

2. Principal Office Address - No P.O. Box #

16 SOUTH COURT

Suite, Apt. #, etc.

City & State

INDIANLANTIC, FL

Zip

32903

Country

3. Mailing Office Address

P.O. BOX 33143

Suite, Apt. #, etc.

City & State

INDIANLANTIC, FL

Zip

32903

Country

REINSTATEMENT 05-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2006

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MOSLEY CURTIS

Street Address (P.O. Box Number is Not Acceptable) 1221 E. NEW HAVEN AV.

Suite, Apt. #, Etc.

City MELBOURNE

State
FL

Zip Code
32901

☒ 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.

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

04/29/08

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 |
|--------|--------------------------------------|---|------------------------|
| PD | JUAN MONTORA | 16 South Ct | INDIANLANTIC, FL 32903 |
| V | RICARDO PENA | 16 South Ct | INDIANLANTIC, FL 32903 |
| T | DAVID SMITH | 16 South Ct | INDIANLANTIC, FL 32903 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUAN MONTORA (P)

04/29/08 (321) 773 0778

7/20