

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 NOV 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NQ4000009884

1. Entity Name
GARDEN VILLAS CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
1220 SW 5TH STREET #23
MIAMI, FL 33135

Mailing Address
1220 SW 5TH STREET #23
MIAMI, FL 33135



10212005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3786306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFONSO, NORBERTO
1220 SW 5TH STREET #23
MIAMI, FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, 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 P ☐ Delete
NAME ALFONSO, NORBERTO
STREET ADDRESS 1220 SW 5TH STREET #23
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MENDEZ, OSMANY
STREET ADDRESS 1220 SW 5TH STREET #23
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

Norberto Alfonso
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

K. Ekel NOV 16 2005