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
05 DEC 27 PM 3:26

DOCUMENT # N06669

1. Corporation Name

THE GABLES EAST OF BOCA BARWOOD V CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 88-05

2. Principal Office Address	**3.** Mailing Office Address
c/o BENCHMARK PROPERTY MGMT INC	c/o BENCHMARK PROPERTY MGMT INC
Suite, Apt. #, etc.: 7932 WILES ROAD	Suite, Apt. #, etc.: 7932 WILES ROAD
City & State: CORAL SPRINGS FL	City & State: CORAL SPRINGS FL.
Zip: 33067 Country: U SA.	Zip: 33067 Country: U. S. A.

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/1984

5. FEI Number: 03-0575936 ☐ 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: HEMERSON MENDES

Street Address (P.O. Box Number is Not Acceptable): 7840 CARINA COURT

Suite, Apt. #, Etc.:

City: LAKE WORTH State: FL Zip Code: 33467

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 _____ Date 12/19/05

* 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/D	CASSIA MENDES	7840 CARINA COURT	LAKE WORTH, FL 33467
V/D	MARCIA DE ALVARENGA	3951 N. OCEAN BLVD APT 101	DELRAY BEACH FL. 33483
T/D	HEMERSON MENDES	7840 CARIN COURT	LAKE WORTH, FL 33467

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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 under section 119.07(3)(i), 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: _____ Hemerson Mendes. Dec/19/2005

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

12/27