

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC 27 PM 3:26

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 27 PM 3:26

DOCUMENT # **ND6669**

1. Corporation Name

**THE GARLES EAST OF BOCA BARWOOD V
CONDOMINIUM ASSOCIATION, INC.**

2. Principal Office Address **C/O**

BENCHMARK PROPERTY MGMT INC.

Suite, Apt. #, etc.

7932 WILES ROAD

City & State

CORAL SPRINGS FL

Zip

33067

Country

USA

3. Mailing Office Address **C/O**

BENCHMARK PROPERTY MGMT INC.

Suite, Apt. #, etc.

7932 WILES ROAD

City & State

CORAL SPRINGS FL

Zip

33067

Country

U.S.A.

REINSTATEMENT 08-05

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

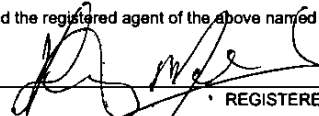
FL

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



REGISTERED AGENT MUST SIGN

Date

12/19/05

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 ALVARENZA	3951 N. OCEAN BLVD APT 102	DELAWARE BEACH FL 33483
T/D	HEMERSON MENDES	7840 CARINA 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.**

Date

Dec/19/2005

Daytime Phone #

12/27/05