

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT -7 PH 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29448

1. Corporation Name

GARDEN TRAIL A P.U.D. HOMEOWNERS ASSOCIATION, INC

REINSTATEMENT 00-05

100060351401

07/07/05--01038--002 **551.25

CR2E081 (8/05)

2. Principal Office Address

9121 N. MILITARY TRAIL

Suite, Apt. #, etc.

101

3. Mailing Office Address

9032 GARDENS GLEN CIRCLE

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

PALM BEACH

Zip

33418

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 28, 1988

5. FEI Number

650121979

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

FRANK DE FILIPPO

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

9121 N. MILITARY TRAIL

Suite, Apt. #, etc.

101

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

9/28/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	NICK CORCORIOS	9121 N. MILITARY TRAIL - Suite 101	PALM BEACH GARDENS, FL - 33410
VSD	FRANK DE FILIPPO	9121 N. MILITARY TRAIL - Suite 101	PALM BEACH GARDENS, FL - 33410
D	VICKIE CORCORIOS	9121 N. MILITARY TRAIL - Suite 101	PALM BEACH GARDENS, FL - 33410

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)(f), 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 #

FRANK DE FILIPPO (V.P.)

9/28/05 561-627-1799