

APPLICATION FOR REINSTATEMENT



98-99 AR
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 13 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003121 (0)

1. Corporation Name
JMC GARDENS CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business Mailing Address
305 AKAZAR AVE SAME
CORAL GABLES, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A
3. New Mailing Office Address, If Applicable N/A
4. Date Incorporated or Qualified To Do Business in Florida 6/24/94

Suite, Apt. #, etc. N/A
5. FEI Number 605-0532101 Applied For
City & State N/A Not Applicable

Zip Country Zip Country
6. CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	LARRY CARSON, D Vice Pres.	13744 NE 3rd Ct #12 north miami fl. 33161	N Miami, Fla
	LEANDRA ALLEN, Pres.	13724 NE 3rd Ct #7 north miami fl. 33161	N. Miami, Fla
	LUCRETIA ALLEN, D Secy	15724 NE 3rd Ct #6 north miami fl. 33161	N. Miami, Fla.
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			500003088235--6 -01/05/00--01007--018 *****61.25 *****61.25

8. Name and Address of Current Registered Agent
TERESA VILAR
40 VILAR Property Mng
305 AKAZAR AVE
CORAL GABLES, FL

9. Name and Address of New Registered Agent
Name N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *Teresa Vilar* Date 11-15-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Teresa Vilar* TERESA VILAR Agt 305-447-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE