

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 MAR 28 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA9000005743

1. Corporation Name
THE GARDENS CONDOMINIUM (MIA) ASSOCIATION, INC.

400014913034

03/28/03--01054--016 **358.75

2. Principal Office Address
8045 NW 7th Street

3. Mailing Office Address
305 Alcazar Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Fl., 33126

City & State
Coral Gables, Fl 33134

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
650827222

Applied For
Not Applicable

Zip Country
33126 U.S.A

Zip Country
33134 U.S.A

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
VILAR PROPERTY MANAGEMENT, Inc.

Street Address (P.O. Box Number is Not Acceptable)
305 Alcazar Avenue,

Suite, Apt. #, Etc.

City
CORAL GABLES

REINSTATEMENT 01-03
State FL Zip Code 33134

78

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
[Signature]
REGISTERED AGENT MUST SIGN

Date **3-5-03**

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
PD	AIDA ROSADO	8045 NW 7th Street, 31A	Miami, Fl., 33126
VPD	ENRIQUE RABELLINO	8045 NW 7th Street, 411	Miami, Fl., 33126
TD	IRMA MILLSTONE	8045 NW 7th Street, 310	Miami, Fl., 33126
SD	ROBERTO RODRIGUEZ	8045 NW 7th Street, 411	Miami, Fl., 33126

01-03

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)(c), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/5/2003**
Daytime Phone #

CR23061 (10/02)