

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 13 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **716275**

1. Corporation Name

PARK SOUTH TEN, INC.

2. Principal Office Address - No P.O. Box #

1280 NW 43rd Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Zip

33313

Country

USA

Zip

Country

400218306964
10/25/11--01032--010 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/69

5. FEI Number

59-1319750

☒ 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

John Ciccone

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

1280 NW 43rd Avenue

Suite, Apt. #, Etc.

202

City

Lauderhill, FL

State

FL

Zip Code

33313

400218306964
01/13/12--01026--010 **122.50

10/25/11-01032-10
236.25

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

John J. Ciccone

REGISTERED AGENT MUST SIGN

Date **1/9/12**

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
President	John Ciccone	1280 NW 43rd Avenue, #202	Lauderhill, FL 33313
Director	Pansy McDermott	1280 NW 43rd Avenue, #101	Lauderhill, FL 33313
Director	Andre Bisailon	1280 NW 43rd Avenue, #104	Lauderhill, FL 33313
Director	Enid Bando	1280 NW 43rd Avenue, #108	Lauderhill, FL 33313
Acting Sec/Treas	Maritza Beckford	1687 SW Alvaron Avenue	Port St. Lucie, FL 34953

REINSTATEMENT

10. E-mail Address: **zulexka@aol.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

John J. Ciccone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/12

Date

984-325-8267

Daytime Phone #