

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728167

1. Corporation Name

Fountain Square Park Association, Inc.

2. Principal Office Address

910 W. 81 Place

Suite, Apt. #, etc.

3. Mailing Office Address

910 W. 81 Place

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/1973

5. FEI Number

591577777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

98-03

7. Name and Address of Current Registered Agent

Name

Norma Vazquez

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

c/o Fountain Square Park Office 910 W 81 Place

Suite, Apt. #, Etc.

City

Hialeah,

State

FL

Zip Code

33014

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 December 15, 2003

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	Dalia Samumell-Yedra	8165 W 9 Ave	Hialeah, FL 33014
T/D	Norma Vazquez	8175 W 9 Ave	Hialeah, FL 33014
S/D	Jennifer David	8165 W 9 Ln	Hialeah, FL 33014

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:

Norma I Vazquez Treasurer

12/15/03

(305) 822-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)