CORPS ATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F35489

1. Corporation Name

AUBURNDALE PARKS, INC.

FILED

01 APR -9 AM 7:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2813 Grapefruit Drive 2		3. Malling Office Address		DEINSTATE	REINSTATEMENT 97-01	
			Suite, Apt. #, etc. 4. Date Incorp		148 - 14 a	
		Suite, Apr. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 05/20/1981	
City & State C		City & State				
Auburndale, Florida		Auburndale, Florida		5. FEI Number Applied For 59-2098487 Not Applied		
Zip	Country	Zip	Country	6.	\$9.75	
33823 US		33823	3823 US CERTIFIC		RED XX \$8.75 Additional Fee required for a Certificate of Status	
		7. Name and	Address of Current Registe	ered Agent		
Name Donald J. Pospichal. Street Address (P.O. Box Number is Not Acceptable) 2813 Grapefruit Drive Suite, Apt. #, Etc. City Auburndale 8. I, being appointed the registered agent of the abovenanced conformation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date Appl 5 01						
9. Names	s and Street Addresses of Each Officer and	EGISTERED AGENT MUS		least 3 directors)		
Titles	Name of Officers and/or Directors	, , , , , , , , , , , , , , , , , , , ,	Street Address of Eac Officer and/or Director	ch or	City / State / Zip	
PD	Donald J. Pospichal		3 Grapefruit Dr		le, FL 33823	
۷D	Peggy A. Pospichal	281:	3 Grapefruit Dr	ive Auburnda	Auburndale, FL 33823	
STD	Steven J. Pospichal	even J. Pospichal 108 West Juliana Wa		ay Auburnda.	le, FL 33823	

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: X

IGNATURE AND TYPED OR POWERED NAME OF SIGNING OFFICER OR DIRECTOR DOING OFFICER OR DIRECTOR

Opul 5, 0 / 83,967-3075
Baytime Phone #

CR2E081 (9/00)