

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -6 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11220

1. Corporation Name

FLORAL PARK PROPERTY OWNERS' ASSOCIATION

REINSTATEMENT *OM*

2. Principal Office Address

2690 Cambridge Road

3. Mailing Office Address

2690 Cambridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana, FL

City & State

Lantana, FL

Zip

33462

Country

USA

Zip

33462

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1985

5. FEI Number

592259689

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

Laura Schoch

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

2690 Cambridge Road

Suite, Apt. #, Etc.

City

Lantana,

State

FL

Zip Code

33462

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

Laura Schoch

REGISTERED AGENT MUST SIGN

Date

11/23/04

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	Jim Folker	2690 Cambridge Road	Lantana, FL 33462
VP D	Penny Smith	2690 Cambridge Road	Lantana, FL 33462
S D	Stephanie Dobrodziej	2690 Cambridge Road	Lantana, FL 33462
T D	Laura Schoch	2690 Cambridge Road	Lantana, FL 33462

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JK

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)(f), 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:

Laura Schoch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/23/04

Daytime Phone #

CR2E081 (9/01)