

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *96-97*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAR 11 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N95000005462*

1. Corporation Name

Central Park II Community Association, Inc.

Principal Place of Business

Mailing Address

144 Victoria Lane
Jupiter, FL 33458

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

144 Victoria Lane

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

USA

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/95

5. FEI Number

65-0583811

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Michael Stango	144 Victoria Lane	Jupiter, FL 33458
S/D	Scott Salisbury	9006 Indian River Run	Boynton Beach, FL 33437
T/D	Jim Webb	23 Cedar Circle	Boynton Beach, FL 33462
			10002112031-0 03/13/97-01007-002 ***297.50 ***297.50
			REINSTATEMENT <i>96-97</i>
			<i>G. Man</i>

8. Name and Address of Current Registered Agent

Thomas R. Sawyer, Esq.
2081 E. Ocean Blvd., 2nd Floor
Stuart, FL 34996

9. Name and Address of New Registered Agent *3/11/97*

Name
Thomas R. Sawyer, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2081 E. Ocean Blvd., 2nd Floor
Suite, Apt. #, Etc.
City
Stuart
State
FL
Zip Code
34996

10. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Thomas R. Sawyer
REGISTERED AGENT MUST SIGN

Date *3/5/97*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Stango

2/26/97
Date

407 575-7172
Daytime Phone #

CR2E040 (12/96)