

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000065703**

1. Corporation Name

NORMANDY PARK HOLDINGS, INC.

Principal Place of Business

1110 N 56TH STREET
TEMPLE TERRACE FL 33617

Mailing Address

1110 N 56TH STREET
TEMPLE TERRACE FL 33617



000009380500
12/05/02--01075--001 **150.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/16/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-0690405	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GREEN, STEVEN	405 MARYTOWN RD., #421 <i>MARYTOWN</i>	WHITE PLAINS NY 10607

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BALLAST POINT MANAGEMENT SERVICES, INC. Hold Thyssen 11300 4TH ST., NORTH, SUITE 200 ST. PETERSBURG FL 33716		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
147 W. LYMAN AVE Winter Park, FL 32789		State FL	
		Zip Code	

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. or 617.0505, F.S.

Signature of Registered Agent *DESIGNATURE REQUIRED* Date 11/22/02
REGISTERED AGENT MUST SIGN

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., 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: *DESIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E040 (8/02)



U.S. Real Estate

- Management
- Leasing
- Brokerage
- Acquisitions

November 25, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sirs:

This letter is to inform you that Normandy Park Holdings, Inc, FEI Number 59-0690405 never received the original Business Form Reports and would like to request that the reinstatement fee of \$600 be waived. Enclosed is the \$150 for-profit filing fee. If you have any questions, please feel free to call me @ 727-243-7973. Changes in the Registered Agent have also been noted.

Sincerely,

A handwritten signature in cursive script that reads "D. Lee".

Diane Lee
Vice President of Operations

FLORIDA
147 West Lyman Avenue
Winter Park, FL 32789
407•691•0505
Fax 407•691•0506

TENNESSEE
2323 21st Avenue, South
Suite 200
Nashville, TN 37212
615•321•8566
Fax 615•321•3534