PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
96 NOV 12 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709345

1. Corporation Name

PARK HILLS CONDOMINIUM, INC.

N96-23288

Mailing Address	Principal Place of Business
524 SOUTH LUNA COURT HOLLYWOOD FL 33021	524 SOUTH LUNA COURT HOLLYWOOD FL 33021

700002004137--5
-11/14/96--01023--011
****358.75 ****358.75

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/21/1965

5. FEI Number: 59-2372007 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ANTH, RAY	524 S LUNA CT	HOLLYWOOD, FL 00000
VD	PLOURDE, LEO	524 S LUNA CT	HOLLYWOOD, FL 00000
D	ANTH, WILLIAM	524 S LUNA CT	HOLLYWOOD, FL 00000
ST	BAY, GEORGIA H.	524 S LUNA CT	HOLLYWOOD, FL 00000

REINSTATEMENT +1996 A. Alan 11-12-96

8. Name and Address of Current Registered Agent

BAY, GEORGIA H.
524 S. LUNT COURT
SUITE 4
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name: Michael Krantz CPA
Street Address (P.O. Box Number is Not Acceptable): 4747 Hollywood Blvd #104
Suite, Apt. #, Etc.: 104
City: Holly coun State: FL Zip Code: 33021

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: Michael Krantz
REGISTERED AGENT MUST SIGN
Date: 11/6/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☑ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Raymond Anth 10/25/96 954-981-1552
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #