

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 DEC -9 PM 2:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N00000007903

1. Corporation Name.

NORTHPARK CONDOMINIUM ASSOCIATION, INC.

900009415279
12/09/02--01037--018 **236.25

REINSTATEMENT 02

2. Principal Office Address

12790 So. Dixie Hwy.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Office Address

12790 So. Dixie Hwy.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/29/2000

5. FEI Number

65-1060910

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

Paul Palmer, Esq.

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

12790 South Dixie Highway

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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

Date 8-14-02

REGISTERED AGENT MUST SIGN

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
PTD	PALMER, PAUL	12790 So. Dixie Highway	Miami, FL 33156
VD	HENDRIKSE, NELSON	13200 SW 128 Street, E-1	Miami, FL 33156
SD	HENDRIKSE, MIKE	13200 SW 128 Street, E-1	Miami, FL 33156

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 terminated, 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

8-14-02

Date

305-378-0011

Daytime Phone #

CR2E081 (9/01)

9/12/11