

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 13 PM 1:17
ALL STATE
AFFIDAVITS, FLORIDA

DOCUMENT # 268066

1. Corporation Name

Floral Park Apartments One, Inc.

2. Principal Office Address - No P.O. Box #

3060 NW 43rd Terrace

3. Mailing Office Address

1201 S. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

Hollywood, FL

Zip

33313

Country

USA

Zip

33080

Country

USA

REINSTATEMENT 02-02
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Guy Picher

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

1201 S. Federale Highway

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Guy Picher

REGISTERED AGENT MUST SIGN

Date

6/11/07

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	Guy Picher	1201 S Fed Hwy	Hollywood, FL 33020
VP	Pierre Picher	SAME AS ABOVE	SAME AS ABOVE
S	William Middlemiss	3935 NW 38th Avenue	Lauderdale Lakes, FL 33302
	<i>Memo</i>		

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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 contained in Chapter 119, 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:

Guy Picher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/07

Date

954-907-3750

Daytime Phone #