

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION FOR **96-98** REINSTATEMENT.  FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 FEB 26 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706102**
1. Corporation Name
PARKVIEW MANOR CONDOMINIUM INC.

Principal Place of Business Mailing Address
807-809 N.E. 1ST ST. DELRAY BEACH, FL 33483 **SAME**

30000244889--7
-03/03/98--01014--007
******358.75 ****358.75**

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **9/03/63**
5. FEI Number **70-6102600** 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)

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
PRES	JAMES AUSTIN	807 NE 1ST ST W-3	DELRAY BEACH, FL 33483
V-P	MAUREEN JOHNSTON-EVANS	809 NE 1ST ST E-4	" " "
SEC	BETTY PETERSON	809 NE 1ST ST. E-6	" " "
TREAS	VICTORIA LAURICELLA	807 NE 1ST ST. W-1	" " "

REINSTATEMENT 96-98 *A. Alan*
2/26/98

8. Name and Address of Current Registered Agent
Signature of Registered Agent *James Austin*
REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent
Name **James Austin - President**
Street Address (P.O. Box Number is Not Acceptable) **809 NE 1ST STREET**
Suite, Apt. #, Etc. **APT. W-3**
City **DELRAY BEACH** State **FL** Zip Code **33483**

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.
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *M.E. Johnston-Evans* **M.E. JOHNSTON-EVANS** **2/17/98** **561-737-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #