PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 20 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706819**

1. Corporation Name

FLORIDA INSTITUTE OF PARK PERSONNEL, INC.

Principal Place of Business	Mailing Address
PO BOX 1788 SANFORD FL 32772-1788 US	PO BOX 1788 SANFORD FL 32772-1788 US

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

REINSTATEMENT 01-02

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: 02/11/1964

5. FEI Number: 59-6194362 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~PD~~ PD	~~PHILLIPS, RANDY~~ JEFFRIES, HOWARD	~~2401 SE MONTEREY ROAD~~ PO BOX 1788	~~STUART FL 34997~~ Sanford, FL 32772-1788
~~D~~ D	~~ROBINSON, JON M~~ PHILLIPS, JANICE	~~3400 NE 163RD ST~~ 36850 Overseas Highway	~~N MIAMI FL 33160~~ Big Pine Key, FL 33043
D	LACOSTA, GEORGE	3099 MEDINA CIRCLE	LAKE WORTH FL
			300005491313--9 ~~05/08/02--01021--031~~ ****306.25 ****306.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PHILLIPS, JANICE L 36850 OVERSEAS HWY BIG PINE KEY FL 33043	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: [signature] REGISTERED AGENT MUST SIGN — Date 01/23/02

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: [signature] — 01/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #