

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 26 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709610

1. Corporation Name

Lake Park Gardens #1, Inc

REINSTATEMENT 03-05

T. Roberts JUN 03 2005

2. Principal Office Address

10034 W McNab Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

Zip Country

33321 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/1965

5. FEI Number

591147871

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

JAMES R MILES

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

10034 W McNab Rd

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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

REGISTERED AGENT MUST SIGN

Date 5/3/05

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
PD	Ralph Ramnarine	4731 NW 10th CT #204	PLANTATION FL 33313
TD	JOAN MARSHALL	4731 NW 10th CT #212	PLANTATION FL 33313
SD	BHADMATIE RAMNARINE	4731 NW 10th CT #204	PLANTATION FL 33313
D	RUBY SIMMONS	4731 NW 10th CT #306	PLANTATION FL 33313
D	SABINA PHILLIPS	4731 NW 10th CT #316	PLANTATION FL 33313

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 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:

Ralph Ramnarine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/7/05

Daytime Phone #

CR2E081 (01/05)