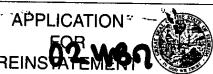
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

FLORAL PARK RECREATION CENTER, INC.

Principal Place of Business

Mailing Address

C/O CONNIE GENNA

3003 N.W. 43HD AVE. #105 LAUDERDALE LAKES FL 33313 670 CONNIE GENNA.

3000 N.W. 40RD-AVE - #105

LAUDERDALE LAKES FL 33319

FILED

02 NOV -6 AHII: 29

SEGNETARY OF STATE

above addresses are incorrect in any way.	line through incorrect information and enter correction below.
	www. and a street and the street correction below.

New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 3000 N.W

City & State EAUDB.

Date Incorporated or Qualifled
To Do Business in Florida

11/07/1968

City / State / Zip

5. FEI Number

--NOT-APPLICABLE

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED 12

\$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	2 and/or bliectors	
P	CATANESE, FRAN	CES

DI BENEDETTO, GEORGE

3033 NW 43RD AVE.

3033 NW 43RD AVE.

FT LAUDERDALE FL

D CRESCIONI, SARAH

2980 NW 43RD TERRACE

FT LAUDERDALE FL

FT LAUDERDALE FL

DI BENEDETTO, PAT D

3000 NW 43RD AVE.

FT LAUDERDALE FL

ST GENNA, CONNIE ---

-GENNA. CONNIE ->

LAUDERDALE LKS FL 33313

-3033 NW 43 AVE

3033 NW-43RD AVE .--

FT-LAUDERDALE FL

57

Title(s)

VΡ

JACK SERENDENS

Name of Officers

3000 NW YSTERRACE

Street Address of Each

Officer and/or Director

LAUDER PACE LAKES

9. Name and Address of New Registered Agent

Name

STATE Address (FO. BOX NAME & SERENDENSKY SOCO N.W. 43RD TERRACE APT. 206

LAUDERDALE LAKES, FLA. 88313

City

ANT 200

Zip Code State

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. or 617.0505, F.S.

Signature of Registered Agent

-APT 105

ficer 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:

EGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORAL PARK VILLA RECREATION CENTER, INC.

10/30/02

To the FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS

Dear Sirs,

S . . . 1/4

This letter accompanies our Corporation reinstatement application due to the fact that we never received the late notices in the mail for reasons unbeknownst to us. We are enclosing the normal filing fee and wish you to notice the new address of the new agent-so as to avoid a late filing again. Thank you for your help in this.

> JACK SERENDENSKY secretary/treasurer

& managing agent