

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 PM 12:56

DOCUMENT # 725772

1. Corporation Name

PARKSIDE MANOR "A" CONDOMINIUM, INC

2. Principal Office Address

170 SW 11 AVE

3. Mailing Office Address

7834 SILVERADO COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

City & State

DAVIE, FL

Zip

33009

Country

USA

Zip

33024-8374

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/08/1973

5. FEI Number

59-1086648

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

GANNIM SHARIFF

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

7834 SILVERADO COURT

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33024-8374

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

Gannim Shariff
REGISTERED AGENT MUST SIGN

Date 05/24/01

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/D	KOVALL, THEODORE	170 SW 11th AVE, Apt#14	HALLANDALE, FL 33009
V/D	BALBO, JOSEPH	170 SW 11th AVE, Apt#15	HALLANDALE, FL 33009
S/T/D	SHARIFF, GANNIM	7834 SILVERADO COURT	DAVIE, FL 33024-8374
D	MARCHETTI, MARGUERITE	170 SW 11th AVE, Apt#7	HALLANDALE, FL 33009
D	FITZGIBBONS, CHARLES	72 ROYCROFT AVE	PITTSBURGH, PA 15228
D	DIPIETRO, MARIO	170 SW 11th AVE, Apt#4	HALLANDALE, FL 33009

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

Gannim Shariff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(GANNIM SHARIFF)

05/24/01

Date

(954) 431-7957

Daytime Phone #

AD

CR2E081 (9/00)