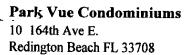
	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FO	DRM.	Jagak	12	
API	PLICATION FOR		DEPARTMEN  Jim Smith  Secretary of St			4	. 1	)010	~	
REINSTATEMENT			ISION OF CORPOR				<b>5</b>			
DOCUMENT # 748742						FILED 02 DEC 17 PM 2: 43				
1. Corporation Name PARK-VUE CONDOMINIUM ASSOCIATION, INC.										
PART-VUE CONDOMINION ASSOCIATION, INC.						SCORETANY OF STATE TALLAHASSEE, FLORDA				
•	ace of Business		Mailing Address 10-164TH AVE.				 	Hani ahani aran dibili k		
10-164TH A	VE.	#8° 4								
US	N BCH FL 33708	US				(e/152.	acon	78/02/	(o/21	
	ddresses are incorrect in any way, line thro ncipal Office Address, If Applicable		gh incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			To Do Business in Florida 08/31/1979  5. FEI Number Applied For Not Applicable					
City & State	)	City & State								
Zip	Country	Zip	Country	,	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			quired atus		
7. Names a	and Street Addresses of Each Officer and/	or Director (Flor				· · · ·				
Title(s)	Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director			City / State	/ Zip		
PD	ZALEWSKI, DAVE	10 164 AVENUE #9			REDDINGTON BEACH FL					
SD	SD GARCIA, CEIDA			10-164 AVENUE #1			REDINGTON BEACH FL 33708			
T MCDONOUGH74, OLGA M			16850 GULF BLVD.			LARGO:FIE33773-				
							Gulf Blvd A	ough Apt 1 L 33708-1455		
				70			<del></del>	<u> </u>		
					•					
	8. Name and Address of Current I	legistered Age	nt		9. Name and A	Address of New Reg	stered Ag	ent		
BARRETT, JEAN					A Mc	Ponough			(8/02)	
6372 126TH AVE. #74			Street Address (P.O. Box Num			is Not Acceptable) パンムレック			CR2E040 (8/02)	
LARGO FL 33773 Suite, Apt. #. 6					± 1				73	
	•			No Acon	INCT ON	Beach	State	Zip Code 33708		
10. I, being	appointed the registered agent of the abo	ve named corpo	ration, am familiar wit				617.0505, [	F.S.		
	() las	m/k	Donald	/ —~						
Signature of Registered Agent SIGNATURE RECUIRED REGISTERED AGENT MUST SIGN						Date	- 19-	. 0 _		
this rein	that I am an officer or director or the receivestatement application, the reason for dissort the corporation have been paid and the repplication is true and accurate, and my significant of the corporation is true and accurate.	ver or trustee em lution has been names of individi	npowered to execute teliminated, the corpouals listed on this form	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.0401	or 617.0401	I, F.S., that all fee	es	
SIGNAT		RER	EQUIR	ED		11/29/02		Ob.		
	SIGNATURE AND TYPED OR PRII	THE MARKE UP S	naming Officer Off D	INEQ I UN		Udi <del>ll</del>	Jaytir	me Phone #	1	





Florida Dept of State Division of Corporations

Telephone contact with your office revealed that a second notice regarding signatures on the annual report was sent .

Our records do not indicate any receipt of the correspondence.

Enclosed is the completed application for reinstatement and a copy of the cancelled check.

Thank you for your assistance in this matter.

David Zalewski (President)

THE STREET STREET SECTION

as to whe