

PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753869

1. Corporation Name

PARK AVENUE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

791 PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-5

City & State

City & State

LAKE PARK

Zip

Country

Zip

Country

33403

US

4. Date Incorporated or Qualified
To Do Business in Florida **1991**

5. FEI Number
59-2046738

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

TYLER RAMSEY

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

731 PARK AVE

Suite, Apt. #, Etc.

A1

City

LAKE PARK

State

FL

Zip Code

33403

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

Tyler Ramsey

REGISTERED AGENT MUST SIGN

Date

8/8/10

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	TYLER RAMSEY	731 PARK AVE A1	LAKE PARK, FL. 33403
VD	REBA JOHNSON	338 EAST ILEX DR	LAKE PARK, FL. 33403
TD	GARY MARQUEZ	86 PINE HILL TRAIL WEST	TEQUESTA, FL. 33469

10. E-mail Address: **TRAMSEY@ADVANCEDITSOLUTIONS.US**

(To be used for future annual report notification)

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. I further certify, 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:

Tyler Ramsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/8/10

561.662.6316

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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