

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JAN 25 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 753869

1. Corporation Name

PARK AVENUE CONDOMINIUM ~~ASSOCIATION~~  
ASSOCIATION, INC.

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

791 PARK AVE.

3. Mailing Office Address

791 PARK AVE.

Suite, Apt. #, etc.

C-5

Suite, Apt. #, etc.

C-5

City & State

LAKE PARK FLA.

City & State

LAKE PARK, FLA.

Zip

33403 Palm Beach

Zip

33403 Palm Beach

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

8-25-1980

5. FEI Number

592046738

☐ 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

GARY LITTLEFIELD

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

4345 HACKBERRY STREET

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

700219536697  
01/25/12--01030--003 \*\*\*\$67.50

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

1-21-2012

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
PRES	GARY LITTLEFIELD	4345 HACKBERRY ST	PB6. FL 33410
TREAS	OS HADON LITTLEFIELD	4216 ROYAL OAK DR	PB6 FL 33410
	D KELLY HENNING	700 WATERWAY DR	NPB F 33408
REINSTATEMENT 11-12			
JAN 25 2012			

10. E-mail Address: SHAROKALE@AOL.COM

T. SCOTT

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY LITTLEFIELD

Date

1-21-2012

Daytime Phone #

5613735048