

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 27 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name *Franklin Park Condominium
Association, Inc.*

168335

2. Principal Office Address

306 S. Habana Ave.

Suite, Apt. #, etc.

B-5

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

P.O. Box 10691

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33679

Country

USA

300019872773
05/27/03--01042--005 **437.50

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

5. FEI Number

59-2365895

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

Jim Hayes

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

304 S. Habana Ave.

Suite, Apt. #, Etc.

#5

City

Tampa

State

FL

Zip Code

33609

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

Jim Hayes
REGISTERED AGENT MUST SIGN

Date *5/19/03*

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	<i>Jim Hayes (President)</i> Director	<i>304 S. Habana Ave. #5</i>	<i>Tampa, FL 33609</i>
T/D	<i>Chris Katsares (Treasurer)</i> Director	<i>306 S. Habana Ave B-5</i>	<i>Tampa, FL 33609</i>
S/D	<i>Scott Reynolds (Secretary)</i> Director	<i>306 S. Habana Ave.</i>	<i>Tampa, FL 33609</i>

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:

Chris Katsares (Chris Katsares T/D)

5/19/03

727-456-1127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

5/19/03