

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F00000006210**

01 OCT 17 PM 7:32

1. Corporation Name

CENTRAL PARK OF AMERICA, INC.

Principal Place of Business

Mailing Address

300 HIGH STREET
 CHATTANOOGA TN 37403

300 HIGH STREET
 CHATTANOOGA TN 37403



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

~~537 Market St.~~

3. New Mailing Office Address, if Applicable

~~300 International Pkwy~~

4. Date Incorporated or Qualified To Do Business in Florida

11/06/2000

SP

Suite, Apt. #, etc.

~~301~~

Suite, Apt. #, etc.

~~100~~

5. FEI Number

~~52-2248853~~

Applied For

Not Applicable

City & State

City & State

~~Chattanooga TN~~

~~Heathrow FL~~

Zip

~~37402~~

Country

~~USA~~

Zip

~~FL 32746~~

Country

~~USA~~

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	SWARTZ, CHRISTOPHER M	2101 WEST STATE ROAD 434, SUITE	LONGWOOD FL 32779
TD	CRONIN, MICHAEL F	2101 WEST STATE ROAD 434, SUITE	LONGWOOD FL 32779

6000004658366--6
 -10/30/01--01010--002
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CRONIN, MICHAEL F
 2101 WEST STATE ROAD 434, SUITE 100
 LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name: Cronin Michael F.
 Street Address (P.O. Box Number is Not Acceptable): 300 International Pkwy
 Suite, Apt. #, Etc.: 100
 City: Heathrow State: FL Zip Code: 32746

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/15/01

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/15/01

Daytime Phone # 407 482-6363

CR2E040 (8/01)