

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -2 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002395

1. Corporation Name

LAUREL PARK DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

~~1010 OCEAN SHORE BLVD~~  
ORMOND BEACH FL 32176

~~1010 OCEAN SHORE BLVD~~  
ORMOND BEACH FL 32176

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

2. New Principal Office Address, If Applicable

1550 OCEAN SHORE BLVD  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1550 OCEAN SHORE BLVD  
Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32176

Country

USA

Zip

32176

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/2001

5. FEI Number

38-3232010

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HAROUTUNIAN, KATHERINE	<del>30 AZALEA DR</del> 1550 OCEAN SHORE BLVD	ORMOND BEACH FL

800025940028  
01/02/04--01055--008 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAROUTUNIAN, KATHERINE M -  
~~57 PALM DR~~ 1550 OCEAN SHORE BLVD  
ORMOND BEACH FL 32176

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Katherine Haroutunian*

REGISTERED AGENT MUST SIGN

Date

12/22/03

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:

*Katherine Haroutunian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KATHERINE HAROUTUNIAN

Date

12/22/03

Daytime Phone #

386 -  
441-1684

CR2E040 (7/03)