

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 FEB 26 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G63169**

1. Corporation Name

PARK PLACE INTERIORS, INC.

Principal Place of Business

8441 S FEDERAL HWY
~~2522 SW RACQUET CLUB DR~~
PT. ST. LUCIE FL 34952
US

Mailing Address

8441 S FEDERAL HWY
~~2522 SW RACQUET CLUB DR~~
PT. ST. LUCIE FL 34952
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1983

5. FEI Number

59-2328095

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SHINGARY, JEROME J	8441 S FEDERAL HWY	PT. ST. LUCIE FL
VSTD	SHINGARY, SHERRY L	8441 S FEDERAL HWY	PT. ST. LUCIE FL
			100002445131--1 03/03/98 01031-006 ***1800.00 ****300.00
			REINSTATEMENT 97-98
			G. Allen
			2/26/98

8. Name and Address of Current Registered Agent

SHINGARY, JEROME J.
~~700 TIDE WATER COURT~~
~~PONTE VEDRA BEACH FL 32082~~
8441 So. Federal Hwy.
Pt. St. Lucie, FL 34952

9. Name and Address of New Registered Agent

Name
Jerome J. Shingary
Street Address (P.O. Box Number is Not Acceptable)
8441 So. Federal Hwy.
Suite, Apt. #, Etc.

City
Pt. St. Lucie

State
FL

Zip Code
34952

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]
REGISTERED AGENT MUST SIGN

Date

2/25/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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: *Sherry Shingary*
SHERRY SHINGARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/98 (561) 818-8089

Date

Daytime Phone #

CR200-00 (8/97)