

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 29 AM 9:51

DOCUMENT # **G83232**
1. Corporation Name
EDEN PARK INC.

900003518739--3
-01/02/01--01094--001
****750.00 ****750.00

2. Principal Office Address
1140 A ROAD
Suite, Apt. #, etc.
City & State
Loxahatchee, FL
Zip
33470 Country
USA

3. Mailing Office Address
1140 A ROAD
Suite, Apt. #, etc.
City & State
Loxahatchee, FL
Zip
33470 Country
USA

900003518739--3
-01/02/01--01094--002
*****9.00 *****9.00

4. Date Incorporated or Qualified To Do Business in Florida
1984

5. FEI Number
59-2386849 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
Anthony DeScala

Street Address (P.O. Box Number is Not Acceptable)
1140 A ROAD

Suite, Apt. #, Etc.

City
loxahatchee State
FL Zip Code
33470

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
Anthony DeScala Date
12/27/2000

REGISTERED AGENT MUST SIGN

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	Anthony DeScala	1140 A ROAD Loxahatchee, FL	loxahatchee, FL 33470
VP	Anthony DeScala	1140 A ROAD	loxahatchee, FL 33470
S	Robert Creed	1140 A ROAD	loxahatchee, FL 33470
T	Anthony DeScala	1140 A ROAD	loxahatchee, FL 33470

REINSTATEMENT 00 AD

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: **Anthony DeScala** Date
12/27/2000 Daytime Phone #
561-793-9727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (\$9.99)