

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J75963**

1. Corporation Name

PINELLAS PARK SQUARE, INC.

FILED

96 DEC 31 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10323 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411

10323 SOUTHERN BOULEVARD
ROYAL PALM BEACH FL 33411



REINSTATEMENT *96*

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

2. New Principal Office Address, If Applicable 18679 S.E. Federal Hwy Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 18679 S.E. Federal Hwy Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 06/04/1987	
City & State Tequesta, Florida		City & State Tequesta, Florida		5. FEI Number 59-2827116 Applied For Not Applicable	
Zip 33469	Country USA	Zip 33469	Country USA	6. CERTIFICATE OF STATUS DESIRED ☒ S8.75 - 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MILLER, MYRON	10323 SOUTHERN BOULEVARD 18679 S.E. Federal Hwy	ROYAL PALM BEACH FL Tequesta, FL
			400002045264--1 -01/03/97--01134--001 ****383.75 ****383.75
			<i>12/31/96</i>

8. Name and Address of Current Registered Agent

ABLE, DIANE
10397 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name
Daren L. Rubenfeld
Street Address (P.O. Box Number is Not Acceptable)
18679 S.E. Federal Hwy
Suite, Apt. #, Etc.

City
Tequesta State **FL** Zip Code **33469**

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 **12/29/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Signature]* **Myron Miller** 12/29/96 (561) 743-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #