

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # L44029

99 DEC 30 AM 10:46

1. Corporation Name

PARK SQUARE BRISTOL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5401 KIRKMAN ROAD
SUITE 525
ORLANDO FL 32819

5401 KIRKMAN ROAD
SUITE 525
ORLANDO FL 32819



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/17/1990 SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2986446

Applied For
Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

Zip Country Zip Country

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for DSV, PD, D, and CDC.

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-01/12/00--01012--022
***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUPTA, SURESH
5401 KIRKMAN ROAD
SUITE 525
ORLANDO FL 32819

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Handwritten signature and 'SIGNATURE REQUIRED' stamp

Date

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:

Handwritten signature and 'SIGNATURE REQUIRED' stamp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #