

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 NOV 19 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L67686

1. Corporation Name

PARK AVENUE PLAZA, INC.

110-  
ANNA DUNLAP

Principal Place of Business

Mailing Address

2180 PARK AVENUE  
MIAMI BEACH FL 33139  
US

% RICHARD GOLDSTONE PA  
2300 W SAMPLE RD. #202  
POMPANO BEACH FL 33073

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2555 COLLINS AV. #914  
MIAMI BEACH, FLA.  
33140 U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1990

5. FEI Number

65-0202617

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) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1        | 2                                    | 3   | 4                  |
| D        | SKANDRANI, MAURICE                   | 2555 COLLINS AVE #914   | MIAMI BEACH FL     |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |

800002700848--3  
-12/02/98-01093-009  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SKANDRANI, MAURICE  
2955 COLLINS AVE.  
#914  
MIAMI BEACH FL 33140

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

*Maurice Skandrani*  
REGISTERED AGENT MUST SIGN

Date 11.16.98

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:

*Maurice Skandrani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.16.99

Date

(305) 538-1209

Daytime Phone #

CR2ED040 (9/88)

2 of 2

NOV. 16<sup>th</sup> 1998

TO:

FLORIDA DEP. OF STATE  
DIVISION OF CORPORATIONS

ATTN: MR. ANDY DUNLAP

DEAR SIR,

DUE TO OUR PHONE CONVERSATION  
FROM 11.16.98 AT 8:45 AM, I AM ENCLOSED A  
CHECK FOR \$ 150. - (AS REQUESTED).

THE DELAY OCCURRED DUE TO ERRORS OF MAILING  
ADDRESS, I DIDNT RECEIVE ANY FORMS OR  
APPLICATIONS TO FILE AND I HAD A SURGERY  
(OPEN HEART) DURING THIS PERIOD

SORRY FOR THE INCONVENIENCE  
& THANK YOU VERY MUCH,

*Nancy Skandarami*

ONE/H62

"PARK AVENUE PLAZA"

~~██████████~~ } BUSINESS ADDRESS: 2160 PARK AV. N.B.

MAILING ADDRESS: 2555 COLLINS AVE #914

MIAMI BEACH

FLA. 33140

PHONE: (305) 538-1209