


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 99 JUN -7 PM 3:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # M 32861 1. Corporation Name NOVA PARK, INC		REINSTATEMENT 94-99		
Principal Place of Business Mailing Address <div style="text-align: center; font-weight: bold;"> 1600 N.E. MIAMI GARDENS DRIVE SUITE 200 NORTH MIAMI BEACH, FL 33179 </div>		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		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65 0067832 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)				
1	2	3	4	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
Pres Secy VP	Chaim Katzman Shulamit Katzman	1600 N.E. MIAMI GARDENS DRIVE SUITE 200 NORTH MIAMI BEACH, FL 33179	<div style="text-align: right; font-size: 0.8em;"> 800002905898-1 -06/16/99--01003--016 ***1500.00 ***1500.00 </div>	
8. Name and Address of Current Registered Agent <div style="font-size: 1.2em;">Chaim Katzman</div> <div style="font-weight: bold;"> 1600 N.E. MIAMI GARDENS DRIVE SUITE 200 NORTH MIAMI BEACH, FL 33179 </div>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City <div style="display: flex; justify-content: space-between;"> State FL Zip Code </div>	
10. If being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Signature of Registered Agent (Signature) REGISTERED AGENT MUST SIGN </div> <div style="width: 40%;"> Date </div> </div>				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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.				
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE (Signature) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </div> <div style="width: 40%;"> Date <div style="text-align: right; font-size: 1.5em;">3059471664</div> Daytime Phone # </div> </div>				

CR2E08 (12/98)