

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000001744</b> 1. Entity Name <b>MAGNOLIA PARK ASSOCIATION, INC.</b>						<div style="font-size: 24px; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="font-size: 18px; transform: rotate(-15deg);">05 AUG -4 AM 10:12</div> <div style="font-size: 14px; transform: rotate(-15deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 18px; font-weight: bold; transform: rotate(-15deg);">DP-05</div> <div style="font-size: 14px; transform: rotate(-15deg);">AUG 10 2005</div>	
Principal Place of Business <b>3200 JOG PARK DRIVE GREENACRES, FL 33467</b>				Mailing Address <b>3200 JOG PARK DRIVE GREENACRES, FL 33467</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>ROGER, RANDALL K 621 NW 53 STREET STE 300 BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent Name <b>MATILIE C. CHIN-LENN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 PALM BEACH LAKES BLVD STE 308</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33409</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>7/21/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, ROBERTA <input checked="" type="checkbox"/> Delete 3200 JOG PARK DRIVE GREENACRES, FL 33467			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS SCHIRO 3200 JOG PARK DR GREENACRES FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERMAN, DENNIS <input checked="" type="checkbox"/> Delete 3200 JOG PARK DRIVE GREENACRES, FL 33467			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS VETRENO 3200 JOG PARK DR GREENACRES, FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORAN, MATTHEW <input type="checkbox"/> Delete 3200 JOG PARK DRIVE GREENACRES, FL 33467			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500058479608 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/11/05--01039--001 ***306.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIND, IRVING <input checked="" type="checkbox"/> Delete 3200 JOG PARK DRIVE GREENACRES, FL 33467			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <b>Thomas Schiro Pres</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>7/20/05</b>		Daytime Phone # <b>561 969-7175</b>	