

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

00 FEB 14 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N05524

**1. Corporation Name**

Park Centre Condominium Association, Inc.

**2. Principal Office Address**

11300 - 66th Street N.

**3. Mailing Office Address**

1122 - 94th Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

St. Petersburg, FL

Zip

33773

Country

U.S.A.

Zip

33702

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/08/84

**5. FEI Number**

59-2716428

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Manuel Garcia

Street Address (P.O. Box Number is Not Acceptable)

1122 - 94th Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg,

State  
FL

Zip Code  
33702

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/9/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Garcia, Manuel	1122 - 94th Avenue N.	St. Petersburg, FL 33702
V/D	Crawford, Joy	11300 - 66th Street N.	Largo, FL 33773
I/S/D	Pierce, Kathy	11250 - 66th Street N.	Largo, FL 33773
D	Waters, Keith	6701 Bryan Dairy Rd., #601	Largo, FL 33773
D	Grundmann, Carol	11250 - 66th Street N.	Largo, FL 33773

**10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

(727) 217-0302

Daytime Phone #

CH2E081 (9/98)