, AF	MIDA	FLORI	DA DEPARTI Sandra B. II Secretary o	//ENTOFS	TATE	COMPLETING THIS FORMOVED				
REI			DIVISION OF COF			97 NOV 19	PM 2: 20			
1. Corpo	CUMENT # N149 ration Name ETTO LAKES INDUSTR	4	(ASSOCIA	TION, INC	;	SECRETARY TALLAHASSEI				
I '	Place of Business V. 57TH AVENUE FL 33014	dress 57TH AVENUE L 33014								
If above addresses are incorrect in any way, line through incorrect. 2. New Principal Office Address, If Applicable 3. New Mac Suite, Apt. #, etc. Suite, Apt. #, etc.			iling Office Address		4. Date Inc To Do B	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied Fee				
		City & State	City & State Zip Countr		6.	59-2734591	Applied For Not Applica 3.75 Additional Fee required for a Certificate of State	blo		
7. Names and Street Addresses of Each Officer and/or Director (In Title(s) 2 Name of Officers and/or Directors		d/or Director (Fi	T	orations must lis Street Address of Officer and/or D Use Post Office	of Each	h				
D	BRITT, RICHARD T.	39 29 N.W. 10	0TH 6T:		N. MIAMI BOH FL	N. MIAMI BOH FL-				
TD	GUSHWA, ROY E.		16357 N.W. 57TH AVENUE			MIAMI FL				
PD	LICHTEN, JOHN	16095 N. W. 57TH AVENUE			MAN/#/20797-01071-016 *****61.25 *****61.25					
D	BLENKER, DAVID	16095 N. W. Red Rd			Miami Lakes, FL					
D	BELL, RON	16357 N	. W. 57	th Ave.	Miami Lakes, FL					
	Name and Address of Current	Registered Ag	ent	Name	9. Name and	d Address of New Registered	Agent	(8/97)		
KOBRIN, DAVID A. 8900 S.W. 107TH AVE. SUITE 206				Street Address (P.O. Box Number is Not Acceptable)						
	AH FL 33014			City			Zip Code			
Signature of Registered	Agent		oration, am familiar SENT MUST SIGN	with and accept	the obligations of Se	ction 607.0505, F.S. Date				
11. Th	is corporation owes or h angible Personal Proper	as paid th ty tax due	e current y June 30.	ear Yes			de for Information ngible tax.)	-		
11. Th Int 12. I certify this rein owed by	is corporation owes or h	as paid th ty tax due liver or trustee en olution has been names of individ	e current ye June 30. Inpowered to execute oliminated, the corpulate instead on this first on the first of the first one firs	Yes te this application	n as provided for in clistics the requirement	(See other sicon Inter-	certify that when filin			

OR DIRECTOR SHAWLER

SIGNATURE: SIGNATURE FIRE TYPED OR PRINTED NAME OF SIGNING OFFICER

10/87/97 (308)621-2386 Day Day Day Day On Brone #

PALMETTO LAKES INDUSTRIAL PARK ASSN. 16095 N. W. 57TH AVE. MIAMI LAKES, FL 33014

· Ph: (305) 621-2386

October 27, 1997

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Document Nbr N14941 1997 Annual Corp Report

Dear Sir:

Please refer to the copy of your "Certificate of Administrative Dissolution" relating to Palmetto Lakes Industrial Park Association, which is the first notification to us that our 1997 report had not been received in Tallahassee.

In response to verbal directions by phone, from your office today, I herewith submit a replacement check, #1349, in the amount of \$61.25, to replace our original check, #1319, for the same amount, issued and filed on or about 7/15/97, with the missing applicable annual report.

Please reprocess this application, without the reinstatement penalties indicated on the form.

R. E. Gushwa - Treasurer

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REINSTAT MENT			DI	Secretary of State DIVISION OF CORPORATIONS			97 NOV 19 PM 2: 20					
DOCUMENT # N14941								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
PALME	ETTO LAKES	INDUSTRIA	L PÅRK	ASSOCI	ATION, INC	;		TALI	AHASSEE,	r State FLORID	E DA	
18095 N.W. S7TH AVENUE 16095			Mailing Addre 16095 N.W. 5 HIALEAH FL	N.W. 57TH AVENUE								
	addresses are incorrect incipal Office Address, if			ng Office Addr	enter correction bel ess, if Applicable		le Incorpo Do Busin	orated or Qual less in Florida	fied 05 /	16/1986	}	
City & Stat	·		City & State			5. FEI Numb		59-2734591		Applied For Not Applicable		
Zip	Country		Zip]	Country	6.	RTIFICATE	OF STATUS DE	SIRED 6	Addition	el Fee required ate of Status	
7. Names	and Street Addresses of		r Director (Flo	rida nonprofit d			ctors)	1				
Title(s) 1	Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NO1 Use Post Office Box Numbers)				City / State / Zip				
D	BRITT, RICHARD T:			3929 N.W. 100TH ST.				N. MIAMI BOH FL				
TD	GUSHWA, ROY E.			16357 N.W. 57TH AVENUE			10	MIAMI FL 00002353001				
PD	LICHTEN, JOHN			16095 N. W. 57TH AVENUE			ſ	MAM/#/20/9701071016 #****61.25 *****61.25				
D	BLENKER, DAVID			16095 N. W. Red Rd				Miami Lakes, FL				
D	BELL, RON			16357 N. W. 57th Ave.				Miami	Lakes,	FL		
	6. Name and Ad	dress of Current R	egistered Age	nt		9. Nan	ne and A	ddress of Ne	w Registered A	gent		
KOBR	IN, DAVID A.				Name		4		0 1	1 60	J	
8900 S.W. 107TH AVE.					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 206 HIALEAH FL 33014			Suite, Apt. #, Etc.			1/1						
			·· · · · · · · · · · · · · · · · · · ·		City				State FL	Zip Code		
Signature of Registered			e named corpo			t the obligations	of Section	on 607.0505, F	s .			
	is corporation angible Perso	owes or ha	s paid the	e curren	t year	□ No	Ŋ		(See other side on intang	for Information	ation	
this rein	that I am an officer or di istatement application, th y the corporation have b application is true and ac	no reason for dissolu eon paid and the na	ition has been imes of individi	oliminated, the uals listed on t	o corporate name sa this form do not qua	itisfies the requi lify for an exemp	rements	of section 607	.0401 or 617.040	01, F.S., th	at all fees	

SIGNATURE: SIGNATURE FIRST TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE DAY 10/87/97

10/27/97 (305)621-2596 Day! Day!