

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

98 DEC -7 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N20158

1. Corporation Name

OCALA PARK CENTRE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ARVIDA/LEGAL DEPT
7900 GLADES ROAD, SUITE 200
BOCA RATON FL 33434
US

C/O ARVIDA/LEGAL DEPT
7900 GLADES ROAD, SUITE 200
BOCA RATON FL 33434
US

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

4. Date Incorporated or Qualified To Do Business in Florida

04/15/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0039166

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDT	MARKO, CAROLE	7900 GLADES ROAD, SUITE 200	BOCA RATON FL
VD	GADINSKY, EDWARD	200 S. BISCAYNE BLVD.	MIAMI FL
SD	FULMER, INGRID	7900 GLADES ROAD	BOCA RATON FL

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***236.25 ***236.25

12/19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARIC, JOHN
ARVIDA COMPANY
7900 GLADES RD.
BOCA RATON FL 33434

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/2/98

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)(f), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/98
Date

561 479-1192
Daytime Phone #

CR2E040 (08/98)