

**2008 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

**FILED  
Oct 21, 2008 8:00 A.M.  
Secretary of State**

**DOCUMENT # N97000006601**  
1. Entity Name  
OAKLAND PARK MAIN STREET, INC.



Principal Place of Business  
3714 N.E. 12TH AVENUE  
OAKLAND PARK, FL 33334 US

Mailing Address  
3714 N.E. 12TH AVENUE  
OAKLAND PARK, FL 33334 US

**REINSTATEMENT 08**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

10092008 REIN-NP CR2E099 (1/07)

City & State  
Zip Country

4. FEI Number  
65-0797714

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
LAFONTAINE, MARK  
3499 NE 12 TERRACE  
OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$61.25  
After January 1, 2009, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SUKOWICZ, THOMAS P	
STREET ADDRESS	4731 N.E. 15TH TERRACE	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	CARN, MICHAEL	<input checked="" type="checkbox"/> Delete
NAME	CARN, MICHAEL	
STREET ADDRESS	3800 W. BROWARD BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	BUDWIG, MARK	<input type="checkbox"/> Delete
NAME	BUDWIG, MARK	
STREET ADDRESS	500 NE 9TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	LAFONTAINE, MARK MST	<input type="checkbox"/> Delete
NAME	LAFONTAINE, MARK MST	
STREET ADDRESS	P.O. BOX 24885	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307	
TITLE	RH	<input type="checkbox"/> Delete
NAME	RH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	REINSTATEMENT	<input type="checkbox"/> Delete
NAME	REINSTATEMENT	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600136872016	
STREET ADDRESS	10/13/08--01043--003 **70.00	
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDWIG, MARK	
STREET ADDRESS	500 NE 9 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/08 954-495-4565  
Date Daytime Phone #