PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  APPLICATION FOR REINSTATEMENT  PLORIDA DEPARTMENT OF STATE Kathering Harring Secretary of State DIVISION OF CORPORATIONS  99 NOV 19 PM 12: 57  99 NOV 19 PM 12: 57  99 NOV 19 PM 12: 57  PLORIDA PARK HOME OWNERS ASSOCIATION CORP.  Principal Place of Business  1740 N.W. 55TH STREET IMAM FL 33142  If above addresses are innomed in any way, line through incorrect information and enter correction below.  REINSTATEMENT  A Detail incorporated or Qualified To De Business If Applicable  To De Business If Applicable  To De Business In Friction  To Business In Friction  To De Business In Fric	DI FACE DEAD A	VIL INSTRUCTIONS	SECORE COMPLETE	NG THIS FORM	
REINSTATEMENT  Socretary of State Division of Corporations  99 NOV 19 PM 12: 57  SCRETARY OF STATE THE LARGE F. PLANTA  1. Conception Name  Principal Place of Business  Mailing Address  1740 N.W. 55TH STREET MAMA F. 38142  Mailing Address, If Applicable  1740 N.W. 55TH STREET MAMA F. 38142  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  3. New Mailing Office Address, If Applicable  4. Date incorporated or Qualified To Do Business in Fibridia  O7/13/1988  Suife, Apt. #, etc.  City & State  Title(s)  2. Names and Street Addresses of Each Officer and/or Director (Fibridia nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  3. Name Street Addresses of Each Officer and/or Director (Fibridia nonprofit corporations must list at least 3 directors)  Principal Place Capter  City & State  1740 M.W. 55TH Street  Migmi, FL 33/142  D. Ralph Packlingham  1740 M.W. 55TH Street  Migmi, FL 33/142  D. E. Utha Belle Gray  1755 N.W. 56TH Street  Migmi, FL 33/142		FLORIDA DEPARTMEN	IT OF STATE	•	
DOCUMENT # N9800004056  1. co-poration Name  FLORAL PARK HOME OWNERS ASSOCIATION CORP.  Principal Place of Business  Maling Address  1740 NW. 55TH STREET  IMAM FL 33142  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  2. New Principal Office Address, If Applicable  City & State  Title(s)  2. Names and Street Addresses of Each Officer end/or Director (Florida nonprofit corporations must list at least 3 directors)  Replication of Street Addresses of Each Officer end/or Director (Florida nonprofit corporations must list at least 3 directors)  Raph Packingham  1740 NW. 55TH STREET  IMAM FL 33142  D. Ralph Packingham  1740 NW. 55TH STREET  IMAM FL 33142  NIAMI, FL 33142  NIAMI, FL 33142			<i></i>	FILEU	
Principal Place of Business  Malling Address  1740 N.W. STH STREET MAMI FL 33142  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  3. New Mailing Office Address, If Applicable  4. Date Incorporated or Qualified  10 De Business in Florids  07/13/1998.  Suite, Apt. #, etc.  City & State  Country  Country  Country  Reinstrate New 1  4. Date Incorporated or Qualified  10 De Business in Florids  07/13/1998.  5. FEINSTATEMENT  4. Date Incorporated or Qualified  10 De Business in Florids  07/13/1998.  5. FEINSTATEMENT  City & State  10 De Business in Florids  07/13/1998.  5. FEINSTATEMENT  City & State  07/13/1998.  5. FEINSTATEMENT  City & State  07/13/1998.  5. FEINSTATEMENT  City & State  17 De Business in Florids  07/13/1998.  5. FEINSTATEMENT  City & State  07/13/1998.  5. FEINSTATEMENT  City & State  17 De Business in Florids  07/13/1998.  5. FEINSTATEMENT  City & State  17 De Business in Florids  07/13/1998.  5. FEINSTATEMENT  City & State  17 De Business in Florids  07/13/1998.  5. FEINSTATEMENT  City & State  17 De Business in Florids  07/13/1998.  5. FEINSTATEMENT  City & State  City & State  City & State  City & State  City / State / Zip  City / St	REINSTATEMENT DIVISION OF CORPORATIONS		1	99 NOV 19 PH 12: 57	
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Principal Place of Business  Mailing Address  1740 N.W. 55TH STREET  MAMN FL 33142  To Do N.W. 55TH STREET  MAMN FL 33142  REINSTATEMENT  1. Date Incorporated or Qualified To Do Business in Florida  07/13/1938  5. FEI Number  6C-0362018  Certificate or Status Desired  ROIT Applicable  Reinstatement  REPORT OF Qualified To Do Business in Florida  07/13/1938  5. FEI Number  6C-0362018  REPORT OF STATUS DESIRED  REINSTATEMENT  REINSTATEMENT	i			TAELAHASSEE. PLUMBA	
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Suite, Apt. #, etc.  Site		ough incorrect information and enter of	correction below.	SIATEMENT	
City & State  Country	2. New Thirdput Office Factors, 18 Springer		To Do Bush	07/13/1998	
Zip Country Zip Country 6. CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 9 directors)  Name of Officers and/or Directors  Name of					
7. Names and Street Addresses of Each Officer and/or Director (Floride nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Director 3  Name of Officers and/or Director 4  City / State / Zip  D. Ralph Packingham 1740 N.W. 55 # Street Address of Each Officer and/or Director 4  D. Ralph Packingham 1740 N.W. 55 # Street Miami, FL 83/42  D. Rebecca Chass 1765 N.W. 56 # Street Miami, FL 83/42  D. Eutha Belle Gray 1755 N.W. 36 # Street Miami, FL 33/42				\$45.614	
Name of Officers and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Director  Name				E OF STATE O	
D Ralph Packingham 1740 N.W. 55 # Street Miami, FL 83142  D REDECCA Chess 1765 N.W. 56 # Street Miami, FL 33142  D Eutha Belle Gray 1755 N.W. 36 # Street Miami, FL 33142	Name of Officers	Str	eet Address of Each	City / State / Zip	
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	8. Name and Address of Current Registered Agent				
PACKINGHAM, RALPH Street Address (P.O. Box Number Is Not Acceptable)	DA OMINIOLIANA PALITIC	•		- New Assessment No.	
1740 N.W. 55TH STREET	1		\		
MIAMI FL 33142  Suite, Apt. #, Etc.	MIAMI FL 33142				
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10. I, being appointed the registered agent of the above named concration, am familiar with and accept the obligations of Section 607.0606, F.S.  Signature of REQUIRED Date 10/18/99					
Signature of Registered Agent Agent REQUIRED Date 10/18/99  REGISTERED AGENT MUST SIGN	Registered Agent	7/00-	J1186-6"	Date 20/10/17	
11. 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 turther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been peld and the names of incividuals listed on this form do not qualify for an exemption under section 119.07(3)(I), F.S. The information indices on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	this reinstatement application, the reason for diss	solution has been eliminated, the corp onemes of individuals listed on this fo	orm do not qualify for an exemption u		
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SIGNATURE: SUPPLY CONTINUE OF COUNTY OF PIECES OF DESCRIPTION DESC	SIGNATURE: KANAN TO	Mintal	KEU	3/5-637_1/1/ Date Dayline Phone #	
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