

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 22 PM 1:10

DOCUMENT # N9900000 1846

1. Corporation Name

Park East Civic Association of Hollywood, Inc

000089584150
02/27/07--01020--015 **61.25

REINSTATEMENT

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1930 Harrison Street

3. Mailing Office Address

1930 Harrison Street

Suite, Apt. #, etc.

#503

Suite, Apt. #, etc.

#503

City & State

Hollywood, FL

City & State

Hollywood FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1999

5. FEI Number

650954920

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 Fred Hechstein

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

1930 Harrison Street

Suite, Apt. #, Etc.

503

City Hollywood

State

FL

Zip Code

33020

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/5/07

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
PD	Tom Lander	3186 Roosevelt Street	Hollywood, FL 33021
VPD	John Lera	3034 Hayes Street	Hollywood, FL 33021
SD	Al Kalakis	3038 Grad Street	Hollywood, FL 33021
TD	Richard Northman	157 Calle Larga	Hollywood, FL 33021

000089584150
02/27/07--01020--016 **122.50

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 contained in Chapter 119, 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

2/5/07 954-260-3335

Date

Daytime Phone #