

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -2 AM 9: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94 0000 78942
1. Corporation Name
PARK ISLE APARTMENTS, INC.

800138372598
12/02/08--01024--008 #450.00

REINSTATEMENT 06-08
CR2E081 (12/07)

2. Principal Office Address - No P O Box #
2501 PARK AVE
Suite, Apt #, etc

3. Mailing Office Address
206 CLAREMONT LANE
Suite, Apt #, etc

City & State
RIVIERA BEACH, FL
City & State
RIVIERA BEACH, FL
Zip
33404 Country PA B. C. Zip
33404 Country PA B. C.

4. Date Incorporated or Qualified
To Do Business in Florida OCT. 27-1994
5. FEI Number
65-0531213 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
TINA C. STOGLIANNIS
Street Address (P O Box Number is Not Acceptable)
206 CLAREMONT LANE
Suite, Apt #, Etc
House
City
PALM BEACH SHORES State
FL Zip Code
33404

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.
3 years
I PAID BY PHONE FOR THE LAST

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 Tina C. Stogiannis Date 9-10-08
REGISTERED AGENT MUST SIGN

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
PRESIDENT	ASTERIOS STEVE	206 CLAREMONT LANE	PALM BEACH SHORES FL
Secy	TINA C. STOGLIANNIS	" " "	" " " 33404

REINSTATEMENT 06-08
JC 12/3

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: Tina C. Stogiannis TINAC. STOGLIANNIS Date 9-10-08 561 602 2769
or 561 848 8769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #