

OCT. 5. 1999 1:36PM

CRARY BUCHANAN

NO. 411 P. 2/c

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT -7 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084580**

1. Corporation Name
PARK SQUARE VENTURES, INC.

Principal Place of Business Mailing Address

**605 S. BEACH RD
TALLAHASSEE, FL
32309**

REINSTATEMENT 1999

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

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **11/18/94**

5. FEI Number **65-0540148**

6. CERTIFICATE OF STATUS DESIRED 50 75 Additional Fee required for Certificate of Status

Applied For
Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. TRIO(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
President	ROY BANSA, MD	605 S. BEACH RD TALLAHASSEE	FL - 32309 TALLAHASSEE

8. Name and Address of Current Registered Agent

**STEVEN SCHNEIDER
116 QUAYSIDE DR.
JUPITER**

9. Name and Address of New Registered Agent


Name **ROY BANSA**

Street Address (P.O. Box Number is Not Acceptable)
605 S. BEACH RD

Suite, Apt. #, Etc.

City **TALLAHASSEE** State **FL** Zip Code **32309**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent  Date **10/27/99**

REGISTERED AGENT MUST SIGN

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:  **10/27/99** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREATED BY