

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Barr
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 AM 8:41

DOCUMENT # 093000015593

1. Corporation Name Village Square Professional Park, Inc.

2. Principal Office Address

400 Village Sq. Crossing
Suite, Apt. #, etc.

Suite 01

City & State

Palm Beach Gardens Fl.

Zip

33410

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

~~Florida~~

Zip

3

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0558048

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

Mark Dameran

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

400 Village Square Crossing Suite 01

Suite, Apt. #, Etc.

100004639881-3

-10/17/01-01052-081

****150.00 ****150.00

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Mark Dameran

REGISTERED AGENT MUST SIGN

Date 9/26/01

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
Pres	Mark Dameran	400 Village Sq. Crossing	Palm Beach Gardens Fl.
Sec			33410
			SP

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 under section 119.07(3)(i), 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:

Mark Dameran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/01

Date

561-622-8980

Daytime Phone #

CR2E081 (9/00)