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 MAR -4 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000051777**

1. Corporation Name

PARK AVENUE HOMES, INC.

Principal Place of Business	Mailing Address
~~2490 HAMMONDVILLE RD~~ ~~POMPANO BEACH FL 33069~~	~~2490 HAMMONDVILLE RD~~ ~~POMPANO BEACH FL 33069~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-99 gr

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3350 NW 2ND AVE	3350 NW 2ND AVE
Suite, Apt. #, etc. SUITE B-38	Suite, Apt. #, etc. SUITE B-38
City & State Pompano Beach, FLA	City & State Boca Raton, FLA
Zip 33431	Country PALM BEACH
Zip 33431	Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 06/29/1995

5. FEI Number: 65-0610096 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **$8.75 Additional Fee required for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	KESNER, KARON	~~2490 HAMMONDVILLE RD.~~ 3350 NW 2ND AVE	~~POMPANO BEACH FL 33069~~ BOCA RATON, FL 33431
P	KESNER, HENRY R	~~2490 HAMMONDVILLE RD.~~ 3350 NW 2ND AVE	~~POMPANO BEACH FL 33069~~ BOCA RATON, FL 33431
V	CALIENDO, SAM S	~~2490 HAMMONDVILLE RD.~~ 3350 NW 2ND AVE	~~POMPANO BEACH FL 33069~~ BOCA RATON, FL 33431

[illegible]
-03/09/99--01074--008
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

CARTER, JOHN E
1200 N FEDERAL HWY
SUITE 312
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name: GEORGE H. ASLANIAN JR
Street Address (P.O. Box Number is Not Acceptable): 511 NE 3RD AVE
Suite, Apt. #, Etc:
City: FORT LAUDERDALE | State: FL | Zip Code: 33308

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date: 11/5/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ NOT OWED. (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)(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: _____ HENRY R. KESNER - PRESIDENT 3/3/99 561-416-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #