

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000017320

1. Corporation Name

CENTRAL PERK, INC.

Principal Place of Business

Mailing Address

2394 SW DEEPWOOD PASS  
PALM CITY FL 34990

2394 SW DEEPWOOD PASS  
PALM CITY FL 34990

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. 3411C  
177 N. U.S. Hwy 1 Suite 181  
City & State Tequesta, Florida  
Zip 33469 Country

Suite, Apt. #, etc. 3411C  
177 N. U.S. Hwy 1 Suite 181  
City & State Tequesta, Florida  
Zip 33469 Country

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1996

5. FEI Number

65-0677251

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ARNOLD, STEVEN B	2349 SW DEEPWOOD PASS	PALM CITY FL 34990
D	Arnold, Steven B	177 N. U.S. Hwy 1 Suite 181	Tequesta, FL 33469

000002706660--4  
-12/08/98--01084--004  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNOLD, STEVEN B  
2349 SW DEEPWOOD PASS  
PALM CITY FL 34990

Name Arnold, Steven B  
Street Address (P.O. Box Number is Not Acceptable) 177 N. U.S. Hwy 1  
Suite, Apt. #, Etc. Suite 181  
City Tequesta  
State FL Zip Code 33469

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

*Steven B. Arnold* **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/23/98

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)(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:

*Steven B. Arnold* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/23/98 (561) 743-9488  
Daytime Phone #

Am. Day

FILED

98 DEC -4 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

