

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV -3 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033366

1. Corporation Name

CENTRAL PARK WEST, INC.

Principal Place of Business

16085 N.W. 52ND AVENUE
MIAMI FL 33014

Mailing Address

16085 N.W. 52ND AVENUE
MIAMI FL 33014



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

2. New Principal Office Address, If Applicable

940 West 84th Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

(Same)
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1996

5. FEI Number

65-0660919

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)

1 Title(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
D	MULCAHY, DANIEL J	16085 N.W. 52ND AVENUE	MIAMI FL 33014
D	WOLF, RICHARD B	3965 EAST 10TH COURT	HALEAH FL 33013
D	MILLS, RICHARD	3965 EAST 10TH COURT	HALEAH FL 33013
			200002338852-1 -11/05/97-01067-006 ****750.00 ****750.00
			11/3

8. Name and Address of Current Registered Agent

IDEN, BRUCE F
2100 PONCE DE LEON BLVD
SUITE 600
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name Daniel J. Mulcahy
Street Address (P.O. Box Number is Not Acceptable)
940 West 84th Street
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33014

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

Daniel J. Mulcahy
*Now The registered agent

Date 10/31/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97 (305) 512 7546
Date Daytime Phone #