

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUL 17 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007732

**1. Corporation Name**

285 Central Parkway, Inc.

**2. Principal Office Address**

1000 Sweetwater Club Blvd.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip  
32779

Country  
USA

**3. Mailing Office Address**

P.O. Box 915694

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip  
32791

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3428975

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

Sal Lucchese

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

1000 Sweetwater Club Blvd.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

**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

*Sal Lucchese*  
REGISTERED AGENT MUST SIGN

Date

7/17/00

**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
PD	JOSEPHINE LUCCHESI	1000 SWEETWATER CLUB BLVD.	LONGWOOD, FL 32779
STD	FARO LUCCHESI	1000 SWEETWATER CLUB BLVD.	LONGWOOD, FL 32779

**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:

*Josephine Lucchese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

(407)774-0684

Daytime Phone #

CR2E081 (9/99)