PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -4 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077732

1. Corporation Name

285 CENTRAL PARKWAY Inc.

600020513936
06/04/03--01030--009 **300.00

2. Principal Office Address	3. Mailing Office Address
1000 SWEETWATER CLUB BND.	203-07 35th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 1
City & State	City & State
Longwood FL	BAYSIDE NY
Zip / Country	Zip / Country
32779 US	11361

4. Date Incorporated or Qualified To Do Business in Florida: 1/27/97

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: 1/10/03

CR2E081 (10/02)

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
P/D	JOSEPHINE Lucchese	1000 SWEETWATER CLUB Blvd	Longwood FL 32779
V/S/D	FARO Lucchese	1000 Sweetwater club blvd.	Longwood FL 32779
		D2-03 UBR .TS	

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 — Date: 1/7/03 — Daytime Phone #: (467)774-0684