


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # **P97000021825**

1. Corporation Name
PARK SLOPE PLAZA, INC.

2. Principal Office Address 680 81 Street		3. Mailing Office Address 680 81 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brooklyn, New York		City & State Brooklyn, New York	
Zip 11228	Country	Zip 11228	Country

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida **3/4/1997**

5. FEI Number **11-3407448**

6. CERTIFICATE OF STATUS DESIRED See the Additional Fee schedule for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NationsCorp Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State **FL** Zip Code **32301**

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 *[Signature]* Date **8-21-00**

REGISTERED AGENT MUST SIGN

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
Pres.	John Notarnicola	680 81 Street	Brooklyn, NY 11228
Sec'y			

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 807 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]* Date **8/17/2000** 718-238-4062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR