

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 19 AM 9:28

DOCUMENT # P98000005912

1. Corporation Name

813 NORTH MILITARY TRAIL
ASSOCIATES, INC

2. Principal Office Address

3700 S. OCEAN BLVD

Suite, Apt. #, etc.

1706

City & State

HIGHLAND BEACH FL

Zip

33487

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

11-05-01 01066 004 \$150.00
11-16-01 01012 001 \$15.00

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/98

5. FEI Number

65-0837393

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

MICHAEL PARKOFF

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

3700 South OCEAN BLVD

Suite, Apt. #, Etc.

Suite 1706

City

HIGHLAND BEACH

State
FL

Zip Code

33487

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]

REGISTERED AGENT MUST SIGN

Date

10/1/01

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	ANDREA PARKOFF	3700 South OCEAN BLVD 1706	HIGHLAND BEACH FL 33487

OK to update
without reinst
fee - Pat
UBR on image

[Signature] 12/3/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

ANDREA PARKOFF

Date

10/1/01

Daytime Phone

561-254-
2868

CR2E081 (9/00)