

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P98000089809

1. Corporation Name

PARK AVENUE CREATIVE DECORATING, INC.

Principal Place of Business

P.O. BOX 966
BOCA RATON FL 33429

Mailing Address

P.O. BOX 966
BOCA RATON FL 33429

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

2. New Principal Office Address, If Applicable

P.O. BOX 880

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA RATON FLA.

City & State

City & State

Zip

33429

Country

DOM BLK

Zip

21

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	SAM CALIENDO	P.O. BOX 880	BOCA RATON FLA. 33429
SECT	DIANNE CALIENDO	P.O. BOX 880	BOCA RATON FLA. 33429
			900003076609--2
			-12/21/99--01055--028
			****750.00 ****750.00
			REINSTATEMENT 99
			TS

8. Name and Address of Current Registered Agent

CALIENDO, SAM
3350 N.W. BOCA RATON BLVD. STE. B-38
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent

[Signature]

Date 10/20/99

REGISTERED AGENT MUST SIGN

11. 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 807.0401 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date

Daytime Phone #

FILED

99 DEC -6 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

