

10-2

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
Division of Corporations

DOCUMENT # P99000047926

1. Corporation Name

PARK AVENUE VENTURES, INC.

Principal Place of Business

Mailing Address

~~12781 NORTH DALE MABRY~~  
~~TAMPA FL 33618~~~~12781 NORTH DALE MABRY~~  
~~TAMPA FL 33618~~

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

417 Park Ave.

P.O. Box 837

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Boca Grande, FL

Boca Grande, FL

Zip

Zip

Country

Country

33921

33921-0837

4. Date Incorporated or Qualified  
To Do Business in Florida

05/26/1999

5. FEI Number

65-0922095

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	DIAZ, LESLIE K SR	<del>12781 NORTH DALE MABRY</del> 1604 Jean LaFitte Dr.	<del>TAMPA FL 33618</del> Boca Grande, FL 33921
D	DIAZ, MARCELLYN RAE	<del>12781 NORTH DALE MABRY</del> 1604 Jean LaFitte Dr..	<del>TAMPA FL 33618</del> Boca Grande, FL 33921

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, LESLIE K SR  
12781 NORTH DALE MABRY  
TAMPA FL 33618

Name

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

1604 Jean LaFitte Dr.

Suite, Apt. #, Etc.

City

State

Zip Code

Boca Grande

FL

33921

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent  
REGISTERED AGENT MUST SIGN

Date

11-2-00

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 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.

KE

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-2-00

Daytime Phone #

941 964 2621

202

October 27, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Park Avenue Ventures, Inc.  
FEI - 65-0922095  
Document # P99000047926

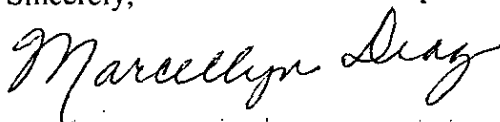
Enclosed please find the Application for Reinstatement for Park Avenue Ventures, Inc. with the FEI Number included in block 5. The original 2000 Uniform Business Report (UBR) was filed with this number missing. Per our discussions with the Florida Dept. of State on October 27, 2000, we should have received a letter notifying us that the original UBR was missing this information. We never received such a letter, probably due to the fact that we were in the process of relocating at that time from Tampa, Florida to Boca Grande, Florida.

Based upon the fact that we never received the letter notifying us that the original form was missing information, we respectfully request that Park Avenue Ventures, Inc. be reinstated with the Florida Dept. of State and that the \$600 reinstatement fee be waived.

We have also enclosed a copy of our cancelled check dated March 30, 2000, payable to the Dept. of State, in the amount of \$150.

Thank you for your assistance in this matter.

Sincerely,



Marcellyn Diaz

Enclosures