

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 20 PM 1:41

DOCUMENT # P10000071751

1. Corporation Name

603 PALM AIRE DRIVE, INC.

REINSTATEMENT 11-12

200230231632

04/20/12--01003--007 **900.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

603 PALM AIRE DR

3. Mailing Office Address

C/O 355 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 801

City & State

POMPANO BEACH

City & State

CORAL GABLES, FL

Zip

33069

Country

U.S.

Zip

33134

Country

U.S.

4. Date Incorporated or Qualified

To Do Business in Florida 09/01/2010

5. FEI Number

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
REGISTERED AGENT CORPORATE SERVICES, INC.

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

355 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 801

City

CORAL GABLES,

State

FL

Zip Code

33134

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

Date

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
DPS	MARIA JOSEFINA GIL DE BRUZUAL	603 PALM AIRE DR.	POMPANO BEACH, FL 33069
			APR 20 2012
			T. CAULEY

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

MARIA J. DE BRUZUAL

04/05/2012

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