

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -1 PM 5:02

DOCUMENT #

358326

1. Corporation Name

Fantasy World Acres, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 97-00

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

2. New Principal Office Address, If Applicable

155 Ocean Lane Dr.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1001W

City & State  
Key Biscayne, Fl

City & State

Zip  
33149

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/19/70

5. FEI Number  
591287052

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres./ Director	Maria Rosa Lopez-Munoz	155 Ocean Lane Dr. #1001W	Key Biscayne, Fl 33149

500003471235-1  
-11/20/00-01149-004  
\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Jonathan A. Heller, Esq.

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

888 Brickell Avenue

Suite, Apt. #, Etc.

Sixth Floor

City

Miami

State  
FL

Zip Code  
33131

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

Date 10/24/00

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

10/24/00 (305)  
372-5000  
Date Daytime Phone #

CR2E081 (12/98)