

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705705

1. Corporation Name

Plantation Manors Unit No. 1 INC.

REINSTATEMENT 02-04

2. Principal Office Address

6851 Cypress Road

Suite, Apt. #, etc.

#21

City & State

Plantation FL

Zip

33317

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/03/1963

5. FEI Number

59-1140325

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

Bill Cuthbertson

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

720 SW 75 TERRACE

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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 10-27-04

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	Bill Cuthbertson	720 SW 75 TERRACE	Plantation, FL 33317
VP/D	JOE DORR	6851 Cypress Road #18	Plantation, FL 33317
Treas	Alan Schreiber	1100 NW 111 Avenue	Plantation FL 33317
Secy	Liz Dori	6851 Cypress Road #18	Plantation FL 33317

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

10/27/04 954-294-2946

Date

Daytime Phone #

CR2001 (01/04)