

TEAR HERE

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APPLICATION  
FOR  
REINSTATEMENT  
FOR 91-97

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.  
**APPROVED  
AND  
FILED**

1997 OCT -6 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # **747911**

**PENINSULA HOMES CONDOMINIUM ASSOCIATION NO. 18,  
INC.  
14777 SOUTHWEST 80TH STREET  
MIAMI, FL 33193**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified  
To Do Business in Florida **07/02/1979**

4. FEI Number **APPLIED FOR**

☐ FEI Number Applied For  
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	<del>CUTOLO, HELENE</del> <b>BOORMAN, RICHARD</b>	<b>14777 S.W. 80TH STREET</b>	<b>MIAMI FL</b>
S/D	<b>GOMEZ, LUIS R.</b>	<b>14777 S.W. 80TH STREET</b>	<b>MIAMI FL</b>
D	<b>BOORMAN, LINDA</b>	<b>14777 S.W. 80 Street</b>	<b>Miami, FL</b>
			<b>700002315287--2</b>
			<b>-10/08/97--01089--011</b>
			<b>****603.75 ****603.75</b>

**REINSTATEMENT**

**REGISTERED AGENT INFORMATION**

6. Name and Address of Current Registered Agent

**CUTOLO, HELENE  
14777 SOUTHWEST 80TH STREET  
MIAMI, FL 33193**

7. Name and Address of New Registered Agent

Name **RICHARD BOORMAN**  
Street Address (Do NOT Use P.O. Box Number)  
**14777 S.W. 80 Street**  
Street Address (Do NOT Use P.O. Box Number)  
City and State **Miami** FL Zip Code **33193**

8. 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

REGISTERED AGENT MUST SIGN

9. 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. 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 of  
Officer or Director

Date

Phone #

Typed or printed name of signing officer or director..

**Richard Boorman**

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee  
required for a  
Certificate of Status