

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761519

1. Corporation Name

Medley Plantation Association, Inc

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

8181 NW 91 Terrace

Suite, Apt. #, etc.

Unit #4

City & State

Medley

Zip

33166

Country

Dade

3. Mailing Office Address

8181 NW 91 Terrace

Suite, Apt. #, etc.

Unit #4

City & State

Medley

Zip

33166

Country

Dade

7. Name and Address of Current Registered Agent

Name

Marcel Ruiz

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

8181 NW 91 Terrace

Suite, Apt. #, Etc.

Suite #4

City

Medley

State

FL

Zip Code

33166

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

X

REGISTERED AGENT MUST SIGN

Date 3/23/2010

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
P	Marcel Ruiz	8181 NW 91 Terrace Unit #4	Medley, FL 33166
TS	Mirley Diaz	8181 NW 91 Terrace Unit #4	Medley, FL 33166
D	Walter Ormazabal	8191 NW 91 Terrace Unit #3	Medley FL 33166

X 3/29

10. E-mail Address: ruizelectric@bellsouth.net

(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., 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.

SIGNATURE: X

Marcel Ruiz

3/23/2010

305-888-5954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 MAR 26 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

000173252750

03/26/10--01037--010 **183.75
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 1/20/1982

5. FEI Number
59-2346454

Applied For
Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.