

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

1999 + 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 10 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F51089

1. Corporation Name

P.L.A., INC.

2. Principal Office Address

920 3RD AVENUE NORTH

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

3. Mailing Office Address

920 3RD AVENUE NORTH

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 26, 1981

5. FEI Number

59-2133704

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

DAVID JAYNES

400003350184-8

-08/08/00--01105--005

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

120 SOUTH OLIVE AVENUE

****300.00 ****300.00

Suite, Apt. #, Etc.

SUITE 702

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

7-5-00

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.	ROMULO ESPADA	920 3 RD AVENUE NORTH	LAKE WORTH, FL 33460

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

Romulo Espada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Romulo Espada

6/22/2000

Date

Daytime Phone #

561-586-4063

CR2E081 (9/99)