

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # K50859

1. Corporation Name

PARK PLACE REAL ESTATE
INVESTMENT, INC.

Principal Place of Business

Mailing Address

2898 MEDINAH
WESTON, FL 33332

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
12/13/19885. FEI Number
65-0508269

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)

Title(s)

Name of Officers
and/or DirectorsStreet Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

President DAN McNeill

2898 MEDINAH

WESTON, FL 33332

100002844631--2
-11/12/97--01073--002
*****915.00 *****915.00100002844631--2
-11/12/97--01073--003
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Daniel McNeil
2898 Medinah
Weston, FL 33332

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Daniel McNeill

REGISTERED AGENT MUST SIGN

Date 10/28/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

10/28/97

Date

954-389-3801

Daytime Phone #