PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 10 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L48336

1. Corporation Name
Poinciana Plaza, Inc.

2. Principal Office Address	3. Mailing Office Address
1970 N. Roosevelt Blvd	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, FL	City & State
Zip: 33040 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1991

5. FEI Number: 65-0243402 ☐ 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: Ludvik Kacirek dba Key West Bar + Grill
Street Address (P.O. Box Number is Not Acceptable): 1970 N. Roosevelt Blvd.
Suite, Apt. #, Etc.:
City: Key West State: FL Zip Code: 33040

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****600.00 ****600.00

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: Ludvik V. Kacirek Date: 9/5/01
REGISTERED AGENT MUST SIGN

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.	Ludvik Kacirek	1970 N. Roosevelt Blvd	Key West, FL 33040

98-01 UBR
T8

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: Ludvik V. Kacirek 9/05/01 (305) 294-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

September 5, 2001

Re: Poinciana Plaza, Inc.

Enclosed please find an application for corporate reinstatement for the above referenced corporation. I did not receive notices in 1998 and would like to request that all late fees please be waived. Enclosed is a check in the amount of $600 for prior year fees. Thank you for your attention to this matter.

Sincerely;

Ludvik Kacerik
President, Poinciana Plaza, Inc.