

CAPITAL CONNECTION

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09/05 '01 14:06 NO.976 01/01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

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

1970 N. Roosevelt Blvd

3. Mailing Office Address

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.

400004603314

Suite, Apt. #, Etc.

-09/20/01--01078--126

****600.00 ****600.00

City

Key West

State

FL

Zip Code

33040

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

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

98-01UBR

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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)(f), 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 #

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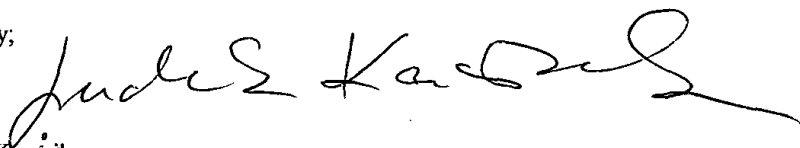
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

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 Kacarik
President, Poinciana Plaza, Inc.