

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

1999 AUG 13 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # M24178

1. Corporation Name

Poinciana Corp.

Principal Place of Business

Mailing Address

One Biscayne Tower  
Suite 1470  
Miami, Florida 33131

REINSTATEMENT AD 95-99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida 12-4-85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2608927

Not Applicable

Zip

Country

Zip

Country

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4      |
|---------------|---|--|------------------------------|
| P,D           | Felipe Antonio Custer                     | 2475 S. Biscayne Dr.#6   | Coconut Grove, Florida 33133 |
| S             | Regina Florez                             | One Biscayne Tower, Suite 1470   | Miami, Florida 33131         |
|               |   |  |                              |
|               |   |  |                              |
|               |   |  |                              |
|               |   |  |                              |
|               |   |  |                              |

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-08/25/99--01073--025  
\*\*\*1358.75 \*\*\*1358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard J. Lee, P.A.  
2655 LeJeune Road  
5th Floor  
Coral Gables, FL 33134

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

RICHARD J. LEE, P.A.

REGISTERED AGENT MUST SIGN

Date 8-11-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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: *Regina Florez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGINA FLOREZ

8-11-99 (305) 329-2058  
Date Daytime Phone #

CR2E081 (12/98)