

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M69189

1. Corporation Name

Poinciana Builders, Inc.

Principal Place of Business

Mailing Address

3971 SW 8th Street Suite 205
Miami, Florida 33134

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

N / A

3. New Mailing Office Address, If Applicable

N / A

4. Date Incorporated or Qualified
To Do Business in Florida

2-22-1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0045220

Applied For

Not Applicable

City & State

City & State

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1 | 2 | 3 | 4 |
| P T D | Jorge A. Larrieu | 3971 SW 8th Street Suite 205 | Miami, FL 33134 |
| V S D | Manuel A. Larrieu | 3971 SW 8th Street Suite 205 | Miami, FL 33134 |
| | | | |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Nitza Gonzalez
3971 SW 8th Street Suite 205
Miami, FL 33134

Name

same

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

Nitza Gonzalez

REGISTERED AGENT MUST SIGN

Date 8-4-98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Larrieu

8-5-98

Date

(305) 444-6716
Daytime Phone #

CR2040 (1/88)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



ACCOUNT NO. : 072100000032

REFERENCE : 922185 141739A

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 1358.75

ORDER DATE : August 10, 1998

ORDER TIME : 1:24 PM

ORDER NO. : 922185-005

CUSTOMER NO: 141739A

CUSTOMER: Mr. Manuel Larrieu
Poinciana Enterprises
Suite 205
3971 Southwest 8th Street
Coral Gables, FL 33134

RECEIVED
98 AUG 10 PM 1:59
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: POINCIANA BUILDERS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS _____