

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 15 AM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006903

1. Corporation Name

PANACHE COMMUNITY ASSOCIATION, INC.

2. Principal Office Address

5600 N.W. 102 Avenue, Suite A
Sunrise, FL 33351

3. Mailing Office Address

Same

Suite, Apt. #, etc.
Suite "A"

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Zip

33351

Country

U.S.A.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/17/2000

5. FEI Number

65-0924169

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

Norman Leopold

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

20801 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 501

City

Aventura,

State
FL

Zip Code
33180

8. 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

REGISTERED AGENT MUST SIGN

Date October 2, 2001

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
P/D	Tom Daddario	5600 N.W. 102 Avenue, # A	Sunrise, FL 33351
VP/D	Paul Garcia	5600 N.W. 102 Avenue, # A	Sunrise, FL 33351
S/D	Hector Cruz	5600 N.W. 102 Avenue, # A	Sunrise, FL 33351

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tom Daddario, President

Date

954-343-0055

Daytime Phone #

CR2E081 (9/00)