

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 31 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 103000006634

1. Corporation Name

Plantation Key Condominium Association, INC.

2. Principal Office Address - No P.O. Box #

951 N.W. 119th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1755 N.W. 94 Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/2003

5. FEI Number

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

MARIA VICTORIA ESPINOSA

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

1755 N.W. 94 Ave.

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

X Maria V Espinosa

Date 03.25.2008

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
P.	MARIA VICTORIA ESPINOSA	1755 N.W. 94 Ave.	Coral Springs FL 33071
VP.	Luz Dary Gracia	1753 NW 94 Ave	Coral Springs, FL 33071
S/T.	OLIVER PEREZ	1755 N.W. 94 Ave	Coral Springs, FL 33071

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 contained in Chapter 119, 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: X Maria V. Espinosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/2008

Date

Daytime Phone #