

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 19 AM 8:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000002636

1. Corporation Name

FOURSQUARE COMMUNITY OF FLORIDA, INC

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

3734 NE 18TH AVE

Suite, Apt. #, etc.

City & State

POMPANO BEACH/FLORIDA

Zip

33064

Country

USA

3. Mailing Office Address

3734 NE 18TH AVE

Suite, Apt. #, etc.

City & State

POMPANO BEACH/FLORIDA

Zip

33064

Country

USA

000139168530
12/19/08--01029--012 **297.50

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 03/08/2006

5. FEI Number
20-4458532

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

OSIEL DIAS

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

3734 NE 18TH AVE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

☐ 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

REGISTERED AGENT MUST SIGN

Date 12/17/2008

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
PV	OSIEL DIAS	3734 NE 18TH AVE	POMPANO BEACH/FL/33064
S	DIONESIA DIAS	3734 NE 18TH AVE	POMPANO BEACH/FL/33064
T	JOSE C CARDOZO	3734 NE 18TH AVE	POMPANO BEACH/FL/33064

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/2008

Date

Daytime Phone #

12/22/08