

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 19 PM 4:39

ALLAHASSEE, FLORIDA

DOCUMENT # N06000007564

1. Corporation Name

DIVINE PLAZA CONDOMINIUM ASSOCIATION

REINSTATEMENT

CR2E081 (10/08)

07-08

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

825 Third Ave.

Suite, Apt. #, etc.

37th Floor

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

825 Third Ave.

Suite, Apt. #, etc.

37th Floor

City & State

New York, NY

Zip

10022

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/2006

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

Theodore D. Estes, Esq.

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

24 South Orange Ave.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

☒ 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

Date November 12, 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	Eric Scheffler	825 Third Ave., 37th Floor	New York, NY 10022
VP	Itai Amidor	825 Third Ave., 37th Floor	New York, NY 10022
T	Shivawn Guinness	4503 NW 103rd Ave.	Sunrise, FL 33351
			200138084882 11/19/08--01031--005 **131.25

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:

Eric R. Scheffler - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/08

Daytime Phone #

646-747-2241

11/19/08