

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 AM 8:00

DOCUMENT # N12439

1. Corporation Name:

POINCIANA GOLF CLUB, INC.

2. Principal Office Address

3536 POINCIANA DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

3536 POINCIANA DRIVE

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33463

Country

Zip

33463

Country

700036525037
05/17/04--01082--027 **1216.25

REINSTATEMENT 88-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1985

5. FEI Number

APPLIED FOR

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

LARRY ROTHSCHILD

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

3755 VIA POINCIANA #102

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

5/13/04

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 |
|-----------|--------------------------------------|---|----------------------|
| VP | HAROLD WAXMAN | 6850 10TH AVE. # 211 | LAKE WORTH, FL 33467 |
| FIN VP | BORIS EDELMAN | 6698 10TH AVE. North #318 | LAKE WORTH, FL 33467 |
| Sect. | ROSILYN MONATH | 6997 LUPIN LANE | LAKE WORTH, FL 33467 |
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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:

BORIS EDELMAN BORIS EDELMAN

Date

5/13/04

Daytime Phone #

561-967-7420

CR2E081 (01/04)