PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 12 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****122.50 ****122.50

DOCUMENT # N29609

1. Corporation Name
PEACH UMBRELLA PLAZA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2160 W. Atlantic Ave Suite 100 Delray Beach, FL 33445	2160 W. Atlantic Ave Suite 100 Delray Beach, FL 33445

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/07/1988

5. FEI Number: 65-0106334 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	DURANTE, Charlotte G.	2160 W. Atlantic Ave Suite 100	Delray Beach, FL 33445
S/D	DURANTE, Lori J.	2160 W. Atlantic Ave Suite 100	Delray Beach, FL 33445
D	WIDEMAN, Clayton	404 W. Atlantic Ave	Delray Beach, FL 33445

1994-1996 REINSTATEMENT

11-12-96

8. Name and Address of Current Registered Agent
Charlotte G. Durante
2160 W. Atlantic Ave. Suite 100
Delray Beach, FL 33445

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State / Zip Code: FL

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10. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Charlotte G. Durante (CD) — REGISTERED AGENT MUST SIGN
Date: 11-7-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Charlotte G. Durante (CD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-96
Date

561-265-0200
561-276-6891
Daytime Phone #