

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

30 AUG 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29609**

1. Corporation Name

PEACH UMBRELLA PLAZA ASSOCIATION

Principal Place of Business

**Lake Ida Plaza
600 N. Congress Ave, Suite 560
Delray Beach, FL 33445**

Mailing Address

**Lake Ida Plaza
600 N. Congress Ave,
Suite 560
Delray Beach, FL 33445**

100002626101--5

-08/26/98--01101--001

******306.25 ****306.25**

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

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0106334

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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.	Lake Ida Plaza 600 N. Congress Ave, Ste 560	Delray Beach, FL 33445
S/P/D	Durante, Lon J.	4165 NW 10th St	Delray Beach, FL 33445
D	Wideman, Clayton	404 W. Atlantic Ave	Delray Beach, FL 33444

REINSTATEMENT

97-98

50 8-27-90

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Charlotte G. Durante
Lake Ida Plaza
600 N. Congress Ave, Suite 560
Delray Beach, FL 33445**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

8-20-98

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

8/20/98

**561-272-7059 office
561-271-4545 cellular**