| | · | PLEASE | E READ A | LL INS | RUCTIONS | BEFORE C | OMPLET | ING THIS FO | | | |
|--|--|------------------------------------|--|--|---|---|-------------------------------------|---|--|------------------------------|------------|
| APPLICATION APPLICATION | | | | | A DEPARTMEI Sandra B. Moi | | | APPRO AND | | | |
| FOR | | | | Secretary of State | | | FILED | | | | |
| REINSTATEMENT | | | | | DIVISION OF CORPORATIONS | | | 1998 MAR 31 AM 11: | | | |
| | UMENT | T # | N3831 | U | | | | | | | |
| THE P | LEASAN | | COMMUI | | EDEVELOPM | ENT CORP | þ | | iallana: | RY OF ST OSEE. FLO | Ric |
| • | | | | | Malling Address | | | 18 11181 10180 11181 11811 8011 | מנת נותות ולתום ונתום | (1) 910)) B (0)) 100) | |
| 447 20TH STREET West Palm Beach fl 33407 | | | | PO BOX 404 WEST PALM BEACH FL 83407 33402 | | | | | | | |
| US If above a | addre ss es are | incorrect in a | ny way, line thro | US | information and enter | correction below. | REIN | ISTATE | VENT. | 97-9 | 8 |
| 2. New Principal Office Address, If Applicable | | | | New Mailing Office Address, If Applicable | | | 4. Date incorp To Do Busin | orated or Qualified ness in Fiorida | 05/24/19 | -500 3 6 190 | 1 |
| Suite, Apt. #, etc. City & State | | | | Suite, Apt. # | | | 5. FEI Number | 65-0285871 | | Applied For | |
| Zip Country | | | Zip Country | | у | 6. | F OF STATUS SPOINED | | Not Applicable tional Fee require | red | |
| 7 Names | end Street Ad | dresses of Fa | ch Officer and/o | r Director (Fl | orida poporofit corpor | ations must list at le | <u> </u> | E OF STATUS DESIRED | lor a Cer | tificate of Status | |
| Title(s) | and Street Addresses of Each Officer and/or Director (Find Name of Officers and/or Directors | | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | | ٦ |
| RX | NACKXANTHONY | | | 3 (Do NOT Use Post Office Box Numbers) XXXXXBEAUTIFISIX AVENUEX | | | WRST PALXIEBEACHIFE | | | \dashv | |
| PD VO X | MICHAELPAYNE, MICHAEL | | | | 583 18TH STREET | | | WEST PALM BEACH, FL | | | |
| *** *** | CHECTER, DON'S | | | | 901 45TH STREET | | | WEST PALM BEACH, FL | | | |
| XXX | WHITEHURST, WINCENT | | | | 828 XIXIH RANY XIRIVEXAPX X | | | WEST PALMASEACAPE | | | |
| T D | DRAYTON, DAVID | | | | 2020 SPRUCE AVENUEE | | | WEST PALM BEACH FL | | | |
| R | SHITHK MICHAEK | | | | KXXXXVIVAEADOM/BREEZE BENVEC | | | X AMERITA INCOLLEGAT, INTO | | | |
| | *Officer | rs Listed | No Directors | per Im. | Drayton 3-31. | | Rivite | - RIUZ | ro. 13 | an F | 7 |
| <u> </u> | 8. Name and Address of Current Registered Ag | | | | 958 west 5th Kill | | | 33404 | | | |
| | | | SE OF CUFFERT H | egistered Ag | eni | Name | | Address of New Regi | stered Agent | | ⊣ լ |
| | rinarmeri Xanahom | | | | | Street Address (| | is Not Acceptable) | | | |
| | YPALMARBEA | | X | | | 447 20TI Sulte, Apt. #, Etc | | | | | 8 |
| | | | | | | City | | 300024 -04/01/9 | Beland 1899 | | \dashv |
| 10. I, bein | g appointed th | e registered a | gent of the abov | e named corp | oration, am familiar w | WEST PAI | | #米米米/37 lon 607,0505, F.S. | | 429 7.50_ | \dashv |
| Signature Registered | of d Agent | Herry | A PREI | GISTERED A | GENT MUST SIGN | | | Date | 25-98 | | - |
| | | | | | ne current ye e June 30. | ar Yes 🔲 | No 🂢 | | other side for inf on intangible ta | | |
| this reli | nstatement ap by the corporat | plication, the i lion have beer | reason for dissolution for paid and the nu | ution has bee ames of Indivi | n eliminated, the com | orate name satisfies rm do not qualify for | the requirements an exemption un | apter 607 or 617, F.S. of section 607.0401 o der section 119.07(3)(| r 617.0401, F.S | ., that all fees | иd |

OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: JULIU A