

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

08 APR 14 PM 4:22

DOCUMENT # N46642

1. Corporation Name

PLANTATION ACRES WOMEN'S CLUB, INC

700121353917
03/26/08--01037--012 **420.00

2. Principal Office Address - No P.O. Box # 142
9715 W BROWARD BLVD PMB 142

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION FL

Zip

Country

Zip

Country

33324-2352

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1991

5. FEI Number

65-0344980-01

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

CARMELA ACEVEDO

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

8100 W SUNRISE BLVD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

☐ 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

Carmela Acevedo

REGISTERED AGENT MUST SIGN

Date 3/24/2008

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
Pres. VP	Carmela Acevedo JOAN KHAN	8100 W. Sunrise Blvd. 11550 NW 20 ST	Plantation, FL 33322 PLANTATION FL 33323
BOARD MEMBER	MIKKI ORTON	1112 NW 79 DR	PLANTATION FL 33322
Board member	Linda Buchanan	12340 NW 5 Ct.	Plantation, FL 33322
		REINSTATEMENT 05-08	B4/14/08

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:

Carmela Acevedo

CARMELA ACEVEDO

3/24/2008

954 275-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #