

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000728

1. Corporation Name

PLANTATION ISLAND ESTATES HOMEOWNERS
ASSOCIATION, INC. (non profit)

2. Principal Office Address

14600 S.W. 136 Street
Suite, Apt. #, etc.

3. Mailing Office Address

14600 SW 136 Street
Suite, Apt. #, etc.

City & State

Miami, Florida

Zip Country
33186 USA

City & State

Miami, Florida

Zip Country
33186 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/9/1996

5. FEI Number

65-06431933

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

Elliott Harris

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

111 S.W. 3rd Street, 6th Floor

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33130

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

Date 10/24/03

REGISTERED AGENT MUST SIGN

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
PD	Kenneth D. Goldring	14600 SW 136 Street	Miami, Florida 33186
T	Ray Castellanos	14600 SW 136 Street	Miami, Florida 33186
S	Elliott Harris	111 S.W. 3rd Street Sixth Floor	Miami, Florida 33130

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:

10/24/03 (305) 358-0146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELLIOTT HARRIS, SECRETARY

Date

Daytime Phone #

CR2E081 (10/02)

2010/31