

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 23 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

POINCIANA PARK CIVIC ASSOCIATION, INC

N96000002712

2. Principal Office Address - No P.O. Box #

209 SE 21ST ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

FORT LAUDERDALE, FL

City & State

SAME

Zip

Country

33316

USA

Zip

Country

SAME

SAME

000172880360

03/23/10--01014--002 **245.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1996

5. FEI Number

650341987

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

DJ PARKER

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

209 SE 21ST STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33316

☒ 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

Date 3-18-10

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
P	RAYMOND DETTMANN	1900 SOUTH MIAMI ROAD	FT. LAUDERDALE, FL 33316
V.	GENE DINAH	2000 SE 4 TH AVENUE	FT. LAUDERDALE, FL 33316
T	DJ PARKER	209 SE 21 ST STREET	FT. LAUDERDALE, FL 33316
S	DWIGHT LEDBETTER	209 SE 21 ST STREET	FT. LAUDERDALE, FL 33316

10. E-mail Address: DJPARKER@PPCA.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-10 954-257-0404

Date

Daytime Phone #

2/23/20