

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 27 PM 1:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000021433

1. Corporation Name

PLATINUM ESTATE PROPERTIES, INC.

2. Principal Office Address

800 E. Palmetto Park Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2000

5. FEI Number

☒ 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

Joseph Liguori

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

800 E. Palmetto Park Road

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

000004719380-0

-12/11/01-01084-003

****150.00 ****150.00

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 11/26/01

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
D	Joseph Liguori	800 E. Palmetto Park Road	Boca Raton, FL 33432

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Liguori

11/26/01

Date

Daytime Phone #

561 394-7700