

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN -9 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000092881**

1. Corporation Name

Platinum Plus Realty & Investment, Inc

2. Principal Office Address

4330 W. BROWARD

Suite, Apt. #, etc.

Suite D

City & State

Plantation, FL

Zip

33317

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

200020681512

08/09/03--01055--010 **300.00

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

9/19/01

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

TOSHIA DRUMMOND

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

3731 N.W. 7th place

Suite, Apt. #, Etc.

City

FL. Lauderdale

State

FL

Zip Code

33317

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

Toshia Drummond

Date

5/26/03

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
V	MARY DRUMMOND	3731 NW 7th place	FL. Lauderdale, FL 33317
V	BETHLYN DRUMMOND	3731 NW 7th place	FL. Lauderdale, FL 33317

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21 6/11



March 25, 2003

Division of Corporations
Uniform Business Report
409 E. Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Please be advised that I did not receive the Uniform Business Report and Instructions for filing.

I do apologize for the inconvenience; however, we are a fairly new business and need to be reinstated.

If you have any questions, please contact me at 954-584-8700 ext. 102. Thanks in advance for your cooperation and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Toshia Drummond'.

Toshia Drummond
Licensed Real Estate Broker