pg 1 of 2

02-12-2004 90017 001 ***150.00
P02000022302

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
04 FEB 27 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000022302 ADM DLS

1. Entity Name
PLAIA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

44011200

REINSTATEMENT 02-04

DO NOT WRITE IN THIS SPACE
05/05/03 91432 031 $150.00

2. Principal Place of Business
262 KENSINGTON WAY
Suite, Apt. #, etc.
City & State
WELLINGTON, FL.
Zip 33414 Country PALM BEACH

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 04-3612881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Anna Plaia
Street Address (P.O. Box Number is Not Acceptable) 262 Kensington
City Wellington FL Zip 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE [signature] 2/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11: OFFICERS AND DIRECTORS

TITLE	P
NAME	ANNA PLAIA
STREET ADDRESS	262 KENSINGTON WAY
CITY-ST-ZIP	WELLINGTON, FL. 33414
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Tm

TO: Reinstatement department.
I Spoke to Tina on 1/27/03 about my corpration Plaia EnterPrises, Inc. I paid my Fee For 2003 but never receive a letter stateing that their was a problem. Letter of Rejection never came So, I'm sending you A check For $150.00 For may 2004 with the new Correct information I was also told that the penalty would be waived. The Corporation New address is ~~1110 South Port Ct. Wellington FL 33414~~ 262 Lensington way Wellington FL 33414 however we have Sent the address Change information alreddy

IF any more information is needed please Call
561 351-0027

Anna Plaia
President
Anna Plaia 2/2/04