

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 25 P 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800163098198
11/25/09--01003--009 **450.00
CR2E081 (12/08)

DOCUMENT # **P02000109290**

1. Corporation Name

**A Slice of New York of Poinciana
INC**

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

888 CYPRESS PKWY
Suite, Apt. #, etc.

3. Mailing Office Address

888 CYPRESS PKWY
Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

Zip

Country

34759

OSCEOLA

Zip

Country

34759

OSCEOLA

4. Date Incorporated or Qualified
To Do Business in Florida

10-9-2002

5. FEI Number

82-0568560

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

DANNY HERNANDEZ

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

888 CYPRESS PKWY

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34759

☒ 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

Danny Hernandez

REGISTERED AGENT MUST SIGN

Date

4/29/09

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
PSTD	DANNY HERNANDEZ	888 CYPRESS PKWY	KISSIMMEE, FL 34759

REINSTATEMENT

07-09

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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 contained in Chapter 119, 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:

Danny Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/09

Daytime Phone #

407-9443330