

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000028486

1. Corporation Name

Medley Plaza, Inc.

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

3. Mailing Office Address

8601 NW South River Drive

7705 Davie Road Ext.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Medley, FL

Hollywood, FL

Zip

Country

Zip

Country

33166

US

33024

US

7. Name and Address of Current Registered Agent

Name

Kantor, Palmetto & Associates, PL

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

7705 Davie Road Ext.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

Steven M. Kantor

Date 3-18-14

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
DP	William E. Beeche	8601 NW South River Drive	Medley, FL 33166

S. HAWKES

JUN 8 A.M.

EXAMINER

10. E-mail Address: DLarsen@pmmplip.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., and 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Steven M. Kantor CPT as Receiver

3-18-14

954-432-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

