

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000030374

1. Corporation Name

MYSTIC POINTE #2506, INC.

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

3530 MYSTIC POINTE DR.

3. Mailing Office Address

700 E. DANIA BEACH BLVD

Suite, Apt. #, etc.

SUITE 2506

Suite, Apt. #, etc.

SUITE 202

City & State

AVENTURA, FL

City & State

DANIA, FL

Zip

33180

Country

Zip

33004

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2004

5. FEI Number

75-3181484

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

PATRICK VIVIES

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

700 E DANIA BEACH BLVD

Suite, Apt. #, Etc.

SUITE 202

City

DANIA

State

FL

Zip Code

33004

☒ 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

REGISTERED AGENT MUST SIGN

Date 8/14/07

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	WEILL CARINE	3530 MYSTIC POINTE DR. # 2506	AVENTURA, FL 33180
D	WEILL GUY	3530 MYSTIC POINTE DR. # 2506	AVENTURA, FL 33180

800108595208
08/24/07--01029--017 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #