

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 17 AM 7:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P21837

1. Corporation Name Deland Plaza, Inc.

W-23972

2. Principal Office Address

3. Mailing Office Address

150 E. Palmetto Park Road,

Same

Suite, Apt. #, etc. Suite 400

Suite, Apt. #, etc.

Boca Raton,

City & State

City & State

Florida

Palm Beach

Zip

Country

Zip

Country

33432

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1988

5. FEI Number

13-3123240

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

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2636

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

BRIAN COURTNEY, ASST. V.P.

Date

10/17/00

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
P	Leonard Mandor	Suite 400 150 East Palmetto Park Rd.	Boca Raton, FL 33432
VP	Robert Mandor	150 East Palmetto Park Rd.	Boca Raton, FL 33432
VP	Harvey Shore	(same as above)	(same as above)
VP+Sec.	Joseph Otto	(same as above)	(same as above)

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

Robert Mandor

Date

9/27/00 (561)394-9533

Daytime Phone #

CR2E081 (9/99)