

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP -1 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23316

1. Corporation Name

29489 Via Las Colinas Corp.

2. Principal Office Address

250 Australian Ave., #400

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

250 Australian Ave., #400

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/89

5. FEI Number

65-0060452

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

Jeffrey P. Janisch

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

250 Australian Avenue, Suite 400

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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 By:

REGISTERED AGENT MUST SIGN

Date 8/29/00

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
Pres./ Sec/D	Larry E. Wright	250 Australian Ave., #400	West Palm Beach, FL 33401
D	James A. Cote	2175 N California Blvd. #800	Walnut Creek, CA 94596
VP/Trs./ Ast. Sec.	Kathleen L. Gutin	250 Australian Ave., #400	West Palm Beach, FL 33401
VP	William T. Hughes, Jr.	250 Australian Ave., #400	West Palm Beach, FL 33401
VP	Steven C. Thrower	2175 N California Blvd., #800	Walnut Creek, CA 94596

10. I certify that I am an officer or director of 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:

Larry E. Wright, Pres.

8/29/2000

(561) 820-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #