

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 NOV 12 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000031907**

1. Corporation Name

**REGENCY AT PALM-AIRE CORP.**

Principal Place of Business

2801 NORTH COURSE DR.  
POMPANO BEACH FL 33069

Mailing Address

2801 NORTH COURSE DR.  
POMPANO BEACH FL 33069

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

c/o Alex Burstein

Suite, Apt. #, etc.

251 Consumers Rd., #100

City & State

Willowdale, Ontario

Zip

M2J 4R3

Country

CANADA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1993

5. FEI Number

65-0400530

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	CHARRON, YVAN	1434 SHERBROOKE WEST, SUITE 300	MONTREAL, P.Q. CANADA H3G1K4
<del>+</del>	<del>BURSTEIN, ALEX</del>	<del>7480 WOODBINE AVE., SUITE 319</del>	<del>MARIHAM, ONT. CANADA L3R 6J2</del>
T	LEROUX, GILES	1434 SHERBROOKE WEST, SUITE 300	MONTREAL, PQ, CANADA H3G 1K4
V/S/D	BURSTEIN, ALEX	251 Consumers Rd., #100	Willowdale, Ontario Canada M2J 4R3
			300002010163--7 -11/20/96--01100--011 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

HANDLER, HENRY B ESQ  
2255 GLADES ROAD SUITE 218-A  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/6/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ALEX BURSTEIN, V.P.

10.3.96

Date

(46) 4900222  
Daytime Phone #