

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073224

1. Corporation Name

PUDER HOMES AT MISSION BAY, INC.

Principal Place of Business

~~7878 LAJUNA LANE~~
~~#3~~
~~BOYNTON BEACH FL 33437~~
~~US~~

Mailing Address

C/O M PUDER
~~8419 TWIN LAKE DR~~
~~BOCA RATON FL 33496~~
~~US~~

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. 3930 Max Place
City & State Boynton Beach, FL
Zip 33436 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 5235 Princeton Way
City & State Boca Raton, FL
Zip 33496 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1993

5. FEI Number

65-0455192

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DVST	PUDER, MICHAEL	8419 TWIN LAKE DRIVE <u>5235 Princeton Way</u>	BOCA RATON FL 33496

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***300.00 ***300.00

LS

8. Name and Address of Current Registered Agent

PUDER, MICHAEL
~~8419 TWIN LAKE DRIVE~~
~~STE 104~~
~~BOCA RATON FL 33496~~

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Boca Raton

FL

33496

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

Date

4/26/00

REGISTERED AGENT MUST SIGN

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., 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

Date

Daytime Phone #

4/26/00

561-738-7777