

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000077079**

1. Corporation Name

PLATINUM, INC.

REINSTATEMENT

FILED
03 NOV 19 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**301 S STATE RD 7
PLANTATION FL 33317**

Mailing Address

**301 S STATE RD 7
PLANTATION FL 33317**



700024863827

11/19/03--01063--031 **150.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1993

5. FEI Number

65-0449806

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RAMCHARRAN, DEONARAIN	301 S STATE RD 7	PLANTATION FL 33317

8. Name and Address of Current Registered Agent

**RAMCHARRAN, DEONARAIN
301 S STATE RD 7
PLANTATION FL 33317**

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. or 617.0505, F.S.

Signature of
Registered Agent

Deonarine Ramcharan

REGISTERED AGENT MUST SIGN

Date **11/10/03**

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:

Deonarine Ramcharan

Deonarine Ramcharan

Date

11/10/03

Daytime Phone #

954-791-6416

CR2ED40 (7/03)

11/10/03

FLORIDA Dept. of State
DIVISION of Corporations
Glenda E. Hood,

I did not receive the application in the mail for renewal of Platinum Inc. There was construction being done to the building that I rent in January December to February. I am asking The Department of State to reinstate my Corp.

Thank You

Debra Ann Ramcharan.