

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 27 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

FLORIDA FOUR SEASONS MANOR, INC

PA3000083019

2. Principal Office Address

1708 NE 4th Street

Suite, Apt. #, etc.

City & State

Boynton BEach, FL

Zip

33435

Country

USA

3. Mailing Office Address

19500 TURNBERRY WAY

Suite, Apt. #, etc.

SUITE 4C

City & State

AVENTURA FL

Zip

33180

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/19/1978

5. FEI Number

65-0452840

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

LEON ROSENBLATT

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

1708 NE 4th Street

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

REGISTERED AGENT MUST SIGN

Date 4-26-00

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
President	Leon Rosenblatt	1708 NE 4th Street	Boynton BEach, FL 33435
			KE

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

LEON ROSENBLATT, PRESIDENT

Date

Daytime Phone #

4-26-00 786 202 4941

CR2E081 (9/99)