

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

00 MAY 30 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042311

1. Corporation Name

TRANSEASTERN PLANTATION APTS., INC.

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR
CORAL SPRINGS FL 33065

3300 UNIVERSITY DR
CORAL SPRINGS FL 33065



9900

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0597933

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	FALCONE, ARTHUR	3300 UNIVERSITY DR	CORAL SPRINGS FL 33065
D	FALCONE, EDWARD	3300 UNIVERSITY DR	CORAL SPRINGS FL 33065
D	CUCCI, PHIL	3300 UNIVERSITY DR	CORAL SPRINGS FL 33065
			200003312882--6 -07/05/00--01058--024 ***150.00 ***150.00
			REINSTATEMENT 9900
			200003312882--6 -07/05/00--01058--025 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name CORA DiFore
Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr
Suite, Apt. #, Etc.
City Coral Springs
State FL Zip Code 33065

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

4-24-00

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 #

4/24/00

CR2E040 (8/99)