

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083004

1. Corporation Name

PLEIADIAN INC.

99 JAN 29 PM 4:06

RECEIVED
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-991-

Principal Place of Business Mailing Address
2200 Corporate Blvd., N.W. 2200 Corporate Blvd., N.W.
Suite 401 Suite 401
Boca Raton, FL 33431 Boca Raton, FL 33431

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc

3. New Mailing Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/95

5. FEI Number

65-0617323

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 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/VP/ S/T/D	Kim Sartor	2200 Corporate Blvd., N.W. Suite 401	Boca Raton, FL 33431

400002768704--1
-02/09/99--01012--013
****900.00 ****300.00

8. Name and Address of Current Registered Agent

Richard Lopez
13965 Lake Lure Court
Miami, FL 33014

9. Name and Address of New Registered Agent

Name
HCRM Corp.
Street Address (P.O. Box Number is Not Acceptable)
2200 Corporate Blvd., N.W.
Suite, Apt. #, Etc
Suite 401
City
Boca Raton
State
FL
Zip Code
33431

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

By:

Robert J. Hunt
REGISTERED AGENT MUST SIGN

VP

Date

1/28/99

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Kim Sartor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99
Date

(561) 997-9223
Daytime Phone #