

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 JAN -2 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000071204

1. Corporation Name

VERDE FORTUNA, INC.

Principal Place of Business

ROOM 508, PEMBROKE LAKES MALL  
11401 PINES BLVD.  
PEMBROKE PINES FL 33026

Mailing Address

1820 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009



REINSTATEMENT

AD

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

08/27/1996

5. FEI Number

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 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
PD	SLOMIK, BARBARA	1820 E. HALLANDALE BEACH BLVD. 17970 NE 31ST CT. #4100	HALLANDALE FL 33009 AVENTURA, FL 33160
SVTD	SLOMIK, DAVID	1820 E. HALLANDALE BEACH BLVD. 17970 NE 31ST CT. #4100	HALLANDALE FL 33009 AVENTURA, FL 33160

8. Name and Address of Current Registered Agent

PERLOW, JEFFREY M  
1820 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

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.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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 OFFICE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/97 (954) 437-6701  
Date Daytime Phone #

CFR2040 (8/97)