

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 DEC 22 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073734

1. Corporation Name

SANTIAGO'S PINES CORP.

Principal Place of Business

1972 NE 3RD ST  
DEERFIELD BEACH FL 33441

Mailing Address

1972 NE 3RD ST  
DEERFIELD BEACH FL 33441



REINSTATEMENT 97aw

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

2. New Principal Office Address, If Applicable

17185 PINES BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1996

5. FEI Number

65-0722961 142312

Applied For

Not Applicable

City & State

PEMBROKE PINES, FLA.

City & State

Zip 33027 Country USA

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	BETTY GORMAN	17185 PINES BLVD.	PEMBROKE PINES, FL. 33027

600002383596-4

-12/26/97-01085-017

\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

GORMAN, BETTY  
1972 NE 3RD ST  
DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

Name BETTY GORMAN  
Street Address (P.O. Box Number is Not Acceptable)  
17185 PINES BLVD.  
Suite, Apt. #, Etc.

City PEMBROKE PINES State FL Zip Code 33027

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

Betty Gorman

IF REGISTERED AGENT MUST SIGN

Date 19 Dec. 97

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:

Betty Gorman, President

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Dec. 97 (954) 432-0041

Date

Daytime Phone #

CP20040 (8/97)