

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 27 PM 11: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044730

1. Corporation Name

PRESIDENTIAL APARTMENTS & HOUSING INC

2. Principal Office Address - No P.O. Box #

8470 Enterprise Circle

Suite, Apt. #, etc.

Suite 201

City & State

LAKEWOOD RANCH, FL

Zip

34202

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1997

5. FEI Number
650756020

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

J. Geoffrey Pflugner

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

8470 Enterprise Circle

Suite, Apt. #, Etc.

SUITE 201

City

LAKEWOOD RANCH

State

FL

Zip Code

34202

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 JULY 1, 2008

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
D	FRANK CASSATA	7511 S TAMiami TRAIL	SARASOTA FL 34231
D	ROBERT COLEMAN	640 Johnson Ave, Ste 5	Bohemia, NY 11716-2624

300135006473
08/27/08--01031--004 **600.00

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 contained in Chapter 119, 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:

FRANK CASSATA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/2008

Date

941-907-0006

Daytime Phone #

282

ICARD MERRILL

ATTORNEYS & COUNSELORS

J. Geoffrey Pflugner

8470 Enterprise Circle
Suite 201
Bradenton, FL 34202
941.366.5707
Fax: 941.552.0108
jpflugner@icardmerrill.com

icardmerrill.com

July 16, 2008

Via US Mail

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Corporation Reinstatement
Presidential Apartments & Housing, Inc
Document Number P97000044730**

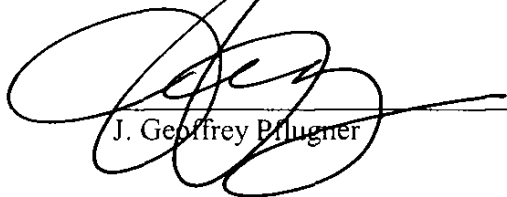
Dear Sir/Madam:

I am the Resident Agent for Presidential Apartments & Housing, Inc. and certify that I have not received prior notices and request that the reinstatement fee be waived.

The mailing address changed in November 2004 and no further notices have been received.

Very truly yours,

ICARD, MERRILL, CULLIS, TIMM,
FUREN & GINSBURG, P.A.



J. Geoffrey Pflugner

JGP/sjb

Enclosure