

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 # P97000047145

1. Corporation Name

PRIMA VISTA DEVELOPMENTS INC.

Principal Place of Business

Mailing Address

C/O CENTRECOP MANAGEMENT SERVICES, INC.
2401 PGA BLVD., SUITE 280
PALM BEACH GARDENS FL 33410

C/O CENTRECOP MANAGEMENT SERVICES, INC.
2401 PGA BLVD., SUITE 280
PALM BEACH GARDENS FL 33410

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/28/1997

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
D / P	PRESTON, JOHN W.S.	2401 PGA BLVD., SUITE 280	PALM BEACH GARDENS FL 33410
D / VP S/T	GREEN, ROBERT S	2401 PGA BLVD., SUITE 280	PALM BEACH GARDENS FL 33410
VP	BARRY, W. MARK	2401 PGA BLVD., SUITE 280	PALM BEACH GARDENS, FL 33410
			400002756564--3 -01/27/99--01072--001 ****237.50 ****237.50
			400002756564--3 -01/27/99--01072--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

METZGER, JOHN T ESQ.
250 AUSTRALIAN AVENUE SOUTH
SUITE 700
WEST PALM BEACH FL 33402-2926

Name

LARRY BERNICK

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

2401 PGA BOULEVARD

Suite, Apt. #, Etc.

SUITE 280

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

12/28/98

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W.S. Preston, President

Date

Daytime Phone #

12/28/98