

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

99 AUG -6 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA10000065408**
1. Corporation Name **PLEASANT VIEW RETIREMENT HOME, INC.**

Principal Place of Business Mailing Address
2011 NW 59 Way Same
Lauderhill, FL 33313

800002955238--9
-08/10/99--01017--006
******308.75 ****308.75**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		July 29, 1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0799687	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PRES	MYRNA MOTTA	4890 NW 7th Street	Plantation, FL 33317
SEC	AUDREY HINDS	4890 NW 7th Street	Plantation, FL 33317

8. Name and Address of Current Registered Agent

DOLORES K. SANCHEZ
4701 N. FEDERAL HWY
SUITE 216
LIGHTHOUSE PT, FL 33064

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 **D.K. Sanchez**
REGISTERED AGENT MUST SIGN

Date **8/5/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side of form 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: **Audrey Hinds**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/99 (964) 485-3660
Date Daytime Phone #

CREDAE (1/98)

LAW OFFICES

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DOLORES K. SANCHEZ, P.A.

4701 NORTH FEDERAL HIGHWAY
SUITE 316 · BOX B-1
LIGHTHOUSE POINT, FLORIDA 33064

PHONE (954) 785-8585

FAX (954) 785-6163

August 5, 1999

Division of Corporations
Florida Department of State
Reinstatement Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: Pleasantview Retirement Home

Dear Sir/Madam:

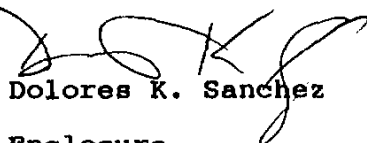
Enclosed please find the Application for Reinstatement for the above corporation along with a check in the amount of \$308.75 for the Annual Report fees for 1998 and 1999 and a certificate of status.

The corporation never received the Annual Report forms for 1998 or 1999. The original mailing address of the corporation was the directors' home. However, a family member moved from the residence in December, 1997 and at that time filed a change of address which inadvertently included all family members at that address. Therefore, the corporation (directors) have not received any mail directed to it. Also, on March 27, 1998, the secretary of the corporation sent a notice that the address had changed, but the records do not reflect said update. A copy of that letter is enclosed for your reference. The directors only became aware that the corporation had been dissolved upon a recent inquiry as to the status of said corporation.

Due to the above problems, the corporation respectfully requests that the reinstatement fee be waived. Please process the reinstatement and provide a certificate of status. Your anticipated cooperation is greatly appreciated.

If you should have any questions, please do not hesitate to contact me.

Sincerely,


Dolores K. Sanchez

Enclosure