

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000073831

1. Corporation Name

SHOWPLACE PLAZA, INC.

Principal Place of Business

Mailing Address

~~450 N PARK RD~~  
~~HOLLYWOOD FL 33021~~

~~450 N PARK RD~~  
~~HOLLYWOOD FL 33021~~

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

2. New Principal Office Address, if Applicable

4102 Buchanan Street

3. New Mailing Office Address, if Applicable

4102 Buchanan Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

U.S.

Zip

33021

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

08/25/1997

5. FEI Number

65-0777635

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 V	FIELDSTONE, RONALD R	200 S BISCAYNE BLVD, STE 2100	MIAMI FL 33131
D P	GOUGHAN, LEO	450 N PARK RD, STE 804 403	HOLLYWOOD FL 33021

600002702266--8

-12/03/98-01034-008

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIELDSTONE, RONALD R  
200 S BISCAYNE BLVD, STE 2100  
MIAMI FL 33131

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/17/98

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leo Goughan

Date

Daytime Phone #

11/17/98 (954) 983-6663

CR20040 (8/98)

**Showplace Plaza, Inc.**

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November 18, 1998

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

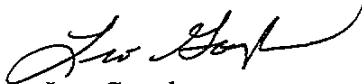
Attn: Reinstatement Department Application

Attached please find the reinstatement application form for Showplace Plaza, Inc.

After speaking with one of your examiners it was agreed to waive the reinstatement fee this time only. This was because we never received the form and we just formed this company at the end of 1997. Attached please find our check for \$150.00 for the annual fee.

Your cooperation is greatly appreciated.

Sincerely yours,



Leo Goughan  
President