

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 15 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000093985

1. Corporation Name

PLATINUM ENTERPRISES OF LAUDERDALE INC.

2. Principal Office Address

2055 NW 32 STREET

3. Mailing Office Address

2055 NW 32 STREET

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

Country

33064

USA

Zip

Country

33064

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

NOV. 3, 1997

5. FEI Number

650791170

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

PETAL T. PIKE

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

173 NW 77 AVE

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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

Date

12-07-2000

REGISTERED AGENT MUST SIGN

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
PRES	PETAL PIKE	173 NW 77 AVE	MARGATE FL, 33063
V.P	OWEN PIKE	173 NW 77 AVE	MARGATE FL, 33063
SEC.	PETAL PIKE	173 NW 77 AVE	MARGATE FL, 33063

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 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

Date

Daytime Phone #

(954) 977-5473