

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 12:31

DOCUMENT # P99000013637

1. Corporation Name

210 KNOLLWOOD DRIVE CORP

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

4400 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 22

City & State

BOCA RATON, FL

Zip Country

33431 USA

3. Mailing Office Address

4400 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 22

City & State

BOCA RATON, FL

Zip Country

33431 USA

REINSTATEMENT

CR2E081 (12/07)

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/05

5. FEI Number
65-0905481

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

SCHNEIDER, PAUL F.

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

7860 PETERS ROAD

Suite, Apt. #, Etc.

F-110

City

PLANTATION

State

FL

Zip Code

33324

**NEVER RECEIVED NOTICE OF
ANNUAL REPORT**

☒ 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

[Signature]

Date 04/29/08

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
DTP	LAPLANA, LUIS	4400 N FEDERAL HIGHWAY, STE 22	BOCA RATON, FL 33431
DVS	BIGOTT, ANA	4400 N FEDERAL HIGHWAY, STE 22	BOCA RATON, FL 33431

400128103924
05/01/08--01051--002 **450.00

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:

ANA MARIA BIGOTT
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/08

Date

Daytime Phone #

954-474-8885

51600