

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000074699

1. Corporation Name

PLANTATION RETIREMENT, INC.

Principal Place of Business

Mailing Address

2654 GRAND BLVD.
HOLIDAY FL 34690

2654 GRAND BLVD.
HOLIDAY FL 34690

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

08/16/1999

5. FEI Number

59-3596919

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BILLINGSLEY, ROSEMARY	2654 GRAND BLVD.	HOLIDAY FL 34690
STD	RICCARDO, THOMAS C	2654 GRAND BLVD.	HOLIDAY FL 34690

8. Name and Address of Current Registered Agent

BILLINGSLEY, ROSEMARY J
2654 GRAND BLVD.
HOLIDAY FL 34690

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. or 617.0505, F.S.

Signature of
Registered Agent

Rosemary J. Billingsley
REGISTERED AGENT MUST SIGN

Date

Oct 11 03

11. 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:

Rosemary J. Billingsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 11 03

CR2E040 (7/03)

Plantation Retirement

Oct 11, 03

Rosemary Bellingsley
2654 Grand Blvd
Holiday, FL 34690

To Whom It May Concern.

I Rosemary Bellingsley the owner
of Plantation Retirement didn't
recieve Corporation papers this year
I was told to write this letter
and send in (150.00) one Hundred and
fifty dollars Reinstatement.

Thank you
Rosemary Bellingsley

PS
Have A Nice Day