

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000107948**

1. Corporation Name

**PLEASANTVIEW OF PLANTATION, INC.**

Principal Place of Business

Mailing Address

4890 NORTH WEST 7 STREET  
PLANTATION FL 33317

4890 NORTH WEST 7 STREET  
PLANTATION FL 33317



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

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0799687

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PSTD	HINDS, AUDREY M	4890 NORTH WEST 7 STREET	PLANTATION FL 33317

200025899582  
12/31/03--01058--003 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PITTER, CARL S  
7447 NORTH WEST 57 STREET  
TANARAC FL 33319

Name: Audrey M. Hinds  
Street Address (P.O./Box Number is Not Acceptable)  
4890 NW 7th St  
City, Apt. #, Etc.  
Plantation Fla  
City: \_\_\_\_\_ State: FL Zip Code: 33317

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

Audrey M. Hinds

REGISTERED AGENT MUST SIGN

Date 12.26.03

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:

Audrey M. Hinds  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.26.03 954-520-1762  
Date Daytime Phone #

CR2E040 (7/03)