PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV -6 AM 11:47

DOCUMENT # M16766

1. Corporation Name
LEHWALD, OROSEY & PEPE INCORPORATED

Principal Place of Business	Mailing Address
ONE PARK PLACE. STE 260 621 NW 53RD ST BOCA RATON FL 33487	ONE PARK PLACE. STE 260 621 NW 53RD ST BOCA RATON FL 33487

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
ONE PARK PLACE, ST#340	ONE PARK PLACE ST#340
Suite, Apt. #, etc. 621 NW 53RD STREET	Suite, Apt. #, etc. 621 NW 53RD ST.
City & State BOCA RATON. FL	City & State BOCA RATON, FL.
Zip / Country 33487 / U.S.A.	Zip / Country 33487 / U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 06/14/1985

5. FEI Number: 59-2541723 ☐ 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
~~O~~	~~LEHWALD, JR, HENRY W.~~	~~621 NW 53RD ST, STE 260~~	~~BOCA RATON FL~~
~~PCE~~ C	OROSEY, JR, JOHN G.	621 NW 53RD ST, STE ~~200~~ 340	BOCA RATON FL
~~EVP~~ P	PEPE, GERARD J.	621 NW 53RD ST, STE ~~200~~ 340	BOCA RATON FL

700002844727--2
-11/12/97--01079--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
OROSEY, JOHN G. JR. 621 NW 53RD ST., SUITE 260 1 PARK PLACE BOCA RATON FL 33487	Name: JOHN G. OROSEY, JR. Street Address (P.O. Box Number is Not Acceptable): 621 NW 53RD ST. SUITE 340 Suite, Apt. #, Etc.: ONE PARK PLACE City: BOCA RATON State: FL Zip Code: 33487

CR2E040 (8/97)

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 (X) _____ REGISTERED AGENT MUST SIGN

Date 11-5-97

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: (X) _____ 11-5-97 (561) 241-0482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #