

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**  
 97 APR -7 AM 10: 23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P 94000001694 (6)**

1. Corporation Name  
**PENNSAL, INC.**

Principal Place of Business	Mailing Address
1207 Hollywood Blvd. Hollywood, FL 33019	1207 Hollywood Blvd. Hollywood, FL 33019

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/07/94	
City & State		City & State		5. FEI Number	
Zip		Country		65-0432054	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT 95-97**

**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
P, S, T, D	Thomas A. Donoghue	1207 Hollywood Blvd.	Hollywood, FL 33019

300002138183--2  
 -04/09/97--01101--006  
 \*\*\*1088.75 \*\*\*1088.75

*Signature*

**8. Name and Address of Current Registered Agent**

Alan R. Hecht  
 2670 N.E. 215 Street  
 Miami, FL 33180

**9. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

**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 *Alan R. Hecht* REGISTERED AGENT MUST SIGN Date **3.22.97**

**11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.** 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:** *Thomas Donoghue* Thomas Donoghue  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)