

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000010782**

1. Corporation Name

PTWORKS INC.

FILED

96 NOV -4 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12573 WOODMILL DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address

12573 WOODMILL DRIVE
PALM BEACH GARDENS FL 33418

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

2. New Principal Office Address, If Applicable

~~BAYSIDE 1001 ALT. A1A~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~BAYSIDE 1001 ALT A1A~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1985

5. FEI Number

65-0553880

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

City & State

JUPITER, FL

City & State

JUPITER FL

Zip

33477

Country

USA

Zip

33477

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	THORSON, PAMELA K	% 12573 WOODMILL DRIVE	PALM BEACH GARDENS FL 33418

900002004299--1
11/14/96 01033-009
****375.00 ****375.00

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name
STUART A. SANDOW
Street Address (P.O. Box Number is Not Acceptable)
BAYSIDE 1001 ALT. A1A
Suite, Apt. #, Etc.
JUPITER
City
JUPITER
State
FL
Zip Code
33477

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10.29.96

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.29.96 6221949

Date

Daytime Phone