

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 12:25

DOCUMENT # P99000030978

1. Corporation Name

CARL LOVETERE, PA

Principal Place of Business

Mailing Address

13514 NORTHUMBERLAND
WELLINGTON FL 33414

13514 NORTHUMBERLAND
WELLINGTON FL 33414



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

03/31/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

#65-0909227

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LOVETERE, CARL S JR.	13514 NORTHUMBERLAND	WELLINGTON FL 33414

600003440186--3
-10/26/00--01044--019
****158.75 ****158.75

10/10/25

8. Name and Address of Current Registered Agent

MACHIELA, STEVEN H CPA
6801 LAKE WORTH RD., STE.124
LAKE WORTH FL 33467

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Carl S. Lovetere Jr. Owner/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/00 541-791-2169



The Real Estate Leaders



CARL LOVETERE, P.A.
BROKER • ASSOC • C.R.S.
561-791-2169

Monday, October 16, 2000

Division Of Corporations
Annual Report/Reinstatement Section
Po Box 6327
Tallahassee, FL 32314-6327

Sorry for this late payment of my renewal , but I never received any paper work from the
Division in January or May.

Sincerely,

Carl S. Lovetere Jr. PA
BROKER/ASSOC, CRS,
RE/MAX WELLINGTON
561-791-2169 direct line 561-798-6690 FAX
E-MAIL Lovetere@cs.com E-MAIL carl@lovetere.com
Web Site www.lovetere.com

RE/MAX Realty Wellington
11924 Forest Hill Blvd., Suite 4
Wellington, Florida 33414
Direct: (561) 791-2169
Fax: (561) 798-6690
<http://www.lovetere.com>

e-mail carl@lovetere.com