

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 30 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 564278

1. Entity Name
PEGGY ANN COOK & ASSOCIATES, INC.



Principal Place of Business
**19 WEST FLAGLER ST., STE. 1020
MIAMI, FL 33130**

Mailing Address
**19 WEST FLAGLER ST., STE. 1020
MIAMI, FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032004 REIN-P CR2E098 (6/04)

4. FEI Number
59-1793991

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERITEXT/FLORIDA REPORTING COMPANY, L.L.C.
19 WEST FLAGLER STREET
SUITE 1020
MIAMI, FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-18-04

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
SANDLER, MICHAEL F
258 VREELAND RD
FLORHAM PARK, NJ 07932**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JOSEPHS, NANCY
258 VREELAND RD
FLORHAM PARK, NJ 07932**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/04

917-4124034