

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 595753

1. Corporation Name

PTI PROPERTIES, INC.

Principal Place of Business

4608 N FED HWY  
FT. LAUDERDALE FL 33308  
US

Mailing Address

4608 N FED HWY  
FT. LAUDERDALE FL 33308  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

11/29/1978

5. FEI Number

59-2260696

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	4 City / State / Zip
P	TRASK, GEORGE A.	<del>4100 D.C. LAKE SHORE DR.</del> 3130 DC LAKE SHORE DR.	DEERFIELD BCH. FL 33442
VST	PEDERSON, DAVID A.	1300 SW 19TH AVENUE	BOCA RATON FL
			4000303039684--6 -11/09/99--01062--004 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

TRASK, GEORGE A.  
4608 N FEDERAL HWY  
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5130 N. FEDERAL HIGHWAY  
Suite, Apt. #, Etc.  
#10  
City  
Fort Lauderdale  
State  
FL  
Zip Code  
33308

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

*George A. Trask*

REGISTERED AGENT MUST SIGN

Date 10-29-99

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 re-statement 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

*George A. Trask*  
George A. Trask

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-99 954-267-8933

Date

Daytime Phone #

CR25040 (8/99)