

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
CAMMACK LARHETTE BROKERAGE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 DEC -3 PM 4:13

DOCUMENT # F0800000734

1. Corporation Name

Cammack LaRhette Brokerage, Inc.

2. Principal Office Address - No P.O. Box #

15 William ST.

Suite, Apt. #, etc.

Ste 100

City & State

Wellesley MA

Zip

02481

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/2008

5. FEIN Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered AgentApril Wittenwyler
Assistant Secretary

Date 12/3/2015

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	see attached.		

10. E-mail Address: slucev@cammackretirement.com

... be used for future annual report notification

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/2015

Date

342-227-7771

Daytime Phone #

CAMMACK LARHETTE BROKERAGE, INC.

Officer/Director Detail

Name & Address

Title SD

SCHOFFELEN, NANCY L

2 RECTOR ST. 23RD FLOOR

NEW YORK, NY 10006

Title Treasurer

ALLEN, EARLE W

2 RECTOR ST. 23RD FLOOR

NEW YORK, NY 10006

Title Secretary

ALLEN, EARLE W

2 RECTOR ST. 23RD FLOOR

NEW YORK, NY 10006

Title CEO

SCHOFFELEN, EMILE J

2 RECTOR STREET, 23RD FLOOR

NEW YORK, NY 10006