

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F46900**

1. Corporation Name

**CHARLES PENGELLY ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

21 CEDAR AVE  
N HAVEN NY 11963  
US

2800 N 46 AVE.  
#405A  
HOLLYWOOD FL 33021  
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

~~7 EAST 20 ST.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~10 F~~

City & State

~~NEW YORK, N.Y.~~

Zip

Zip

~~10003~~

Country

~~US 4~~

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1981

5. FEI Number

59-2130858

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PENGELLY, CHARLES	2800 N. 46TH AVE., #405A	HOLLYWOOD FL
VD	HOFFMAN, SHIRLEY KAHN	2800 N. 46TH AVE., #405A	HOLLYWOOD FL

000023764570  
10/13/03--01091--018 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENGELLY, CHARLES  
2800 N. 46TH AVE.  
405A  
HOLLYWOOD FL 33021

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Charles Pengelly, PD*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/9/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Shirley Kahn Hoffman, VD*  
**SHIRLEY KAHN HOFFMAN**

Date

Daytime Phone #

10/9/03 954-967-9006

CR2E040 (7/03)