


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 2:29

DOCUMENT # **F47691**

1. Corporation Name

**PELT'S CUSTOM FRAMING, INC.**

Principal Place of Business

Mailing Address

~~14680 NE 7TH AVE.~~  
**MIAMI FL 33168-3030**  
US

~~14680 NE 7TH AVE.~~  
**MIAMI FL 33168-3030**  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**14680 N.W. 7th AVE**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**14680 N.W. 7th AVE**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/07/1981**

5. FEI Number

**59-2130723**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	PELT, WILLIE E	5701 NW 5TH AVE	MIAMI FL 33127
VST	PELT, JOHNNIE M	5701 NW 5TH AVE	MIAMI FL 33127

**300004669823--6**

**-11/06/01--01089--022**

**\*\*\*\*158.75 \*\*\*\*158.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PELT, WILLIE E.**

**14680 NW 7TH AVE ✓ CORRECT**

**MIAMI FL 33168**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Willie Pelts*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-17-01**

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.

**JOHNNIE M. PELT**

SIGNATURE:

*Johnnie M. Pelts*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-17-01 305-688-7213**

CR2E040 (8/01)



October 17, 2001

Florida Department of State  
Divisions of Corporations  
P.O Box 6327  
Tallahassee, FL 32314

Re: Document # **F47691**  
**Pelts Custom Framing, Inc.**

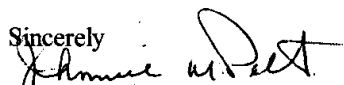
Dear Sir/Madam

I did not receive my 2001 Uniform Business Report due to an incorrect address change. I moved my business **next door to 14680 N.W. 7th Avenue, the only change.** the change was incorrectly made. As you can see, it was changed to **N.E. 7th avenue.**

Please make **all** changes where indicated. I am sending \$8.75 fee for a certificate of status

Thank you for your cooperation in this matter.

Sincerely

  
Johnnie M. Pelt  
Vice President/ST