

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G22189**

1. Corporation Name

PC Hotel Corp

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

1307 N.E. 7th Street

Suite, Apt. #, etc.

513

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Office Address

1307 N.E. 7th Street

Suite, Apt. #, etc.

513

City & State

Hallandale, FL

Zip

33009

Country

USA

7. Name and Address of Current Registered Agent

Name

Peter Campanaro

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

1307 N.E. 7th Street

Suite, Apt. #, Etc.

513

City

Hallandale

State

FL

Zip Code

33008

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 Agent

*Peter Campanaro*

REGISTERED AGENT MUST SIGN

Date

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
P/M/P/T	Peter Campanaro	1307 N.E. 7 Street, #513	Hallandale, FL 33009

10. E-mail Address: weaverlawfirm@gmail.com

(To 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:

*Peter Campanaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

11 JUL 12 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

Jan. 11, 1983

5. FEI Number

592379679

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

700209888807  
07/12/11--01011--012 \*\*900.00

7/13