

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



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

DOCUMENT # G 74295

1. Corporation Name  
Harold L. Pell Management, Inc.

2. Principal Office Address <u>14337 Stirrup Lane</u>		3. Mailing Office Address <u>P.O. Box 2319</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Wellington, Florida</u>		City & State <u>Palm Beach, Florida</u>	
Zip <u>33414</u>	Country	Zip <u>33480</u>	Country

4. Date Incorporated or Qualified To Do Business in Florida 1986

5. FEI Number 59-2354201 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 Eugene W. Murphy, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable) 340 Royal Palm Way

Suite, Apt. #, Etc. Suite 100

City Palm Beach State FL Zip Code 33480

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 [Signature] Date 11-7-01

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
PD	Harold L. Pell	14337 Stirrup Lane	Wellington, FL 33414

10. 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] Harold L. Pell 11/05/01 561-659-3642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/00)

HAROLD L. PELL MANAGEMENT, INC.  
PROPERTY MANAGEMENT

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P.O. BOX 2319  
PALM BEACH, FLORIDA 33480

AREA CODE 561  
OFFICE 659-3642  
FAX 833-5741

December 27, 2001

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

TO WHOM IT MAY CONCERN:

I did not receive the Corporate Annual Report for the year 2000. It was sent to the wrong address.

I am enclosing the reinstatement application, your letter and a check in the amount of \$450.

Thank you.

Sincerely,



Harold L. Pell, President