

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 15 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

PEGASUS ASSET MANAGEMENT CORP.

# 47119

**REINSTATEMENT**

03

2. Principal Office Address

9 Island Avenue

Suite, Apt. #, etc.

Unit 1201

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. Mailing Office Address

9 Island Avenue

Suite, Apt. #, etc.

Unit 1201

City & State

Miami Beach, Florida

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/1985

5. FEI Number

112741506

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

Kay B. Maunsbach

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

9 Island Avenue

Suite, Apt. #, Etc.

Unit 1201

City

Miami Beach

State

FL

Zip Code

33139

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

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
PSD	Kay B. Maunsbach	9 Island Avenue, Unit 1201	Miami Beach, Florida 33139
VDT	Helen Leeds	9 Island Avenue, Unit 1201	Miami Beach, Florida 33139

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:

*Kay B. Maunsbach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

PEGASUS ASSET MANAGEMENT CORP.  
9 Island Avenue, Unit 1201  
Miami Beach, Florida 33139

December 9, 2003

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


Re: Pegasus Asset Management Corp.

Dear Sir/Madam:

Please be advised that we have not received our Annual Business report for the year 2003. We were informed by our attorney that the information on record with the State was entered incorrectly and that may be the reason why we have not received an Annual Report for our corporation. I have enclosed a copy of the annual report filed previously with the correct information.

Accordingly, I have enclosed the Annual Report and the check in the amount of \$150.00 to reinstate my corporation. Should you have any questions, please contact Jacqueline Hernandez at Ritter Ritter & Zaretsky, (305) 372-0933 x. 254.

Sincerely,

  
Kay B. Maunsbach  
President

KBM

Enc. (3)