

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 13 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L33206

1. Corporation Name

PETER LETTERESE AND ASSOCIATES, INC.

Principal Place of Business

5000 S.W. 148TH AVE.
FT. LAUDERDALE FL 33330

Mailing Address

5000 S.W. 148TH AVE.
FT. LAUDERDALE FL 33330

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

4. Date Incorporated or Qualified To Do Business in Florida 11/17/98 01046 020
158.75 *****758.75
12/01/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FBI Number

65-0165610

Applied For

Not Applicable

City & State

REINSTATEMENT

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	LETTERESE, PETER	5000 S.W. 148TH AVE.	FT. LAUDERDALE FL
PSD	LETTERESE, BARBARA	5000 S.W. 148TH AVE	FT. LAUDERDALE FL
D	BOHLIG, RAMONA	5000 SW 148TH AVE	FT LAUDERDALE FL
D	FAGAN, JEFFREY	2900 BAHAMA DR	MIRAMAR FL
D	KARAS, THOAMS	20060 MARFORD CT	GROSSE POINTE WOODS MI

8. Name and Address of Current Registered Agent

GASMAN, KEITH A ESQUIRE
2929 E. COMMERCIAL BLVD.
SUITE 702
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name ARTHUR M. WOLFF
Street Address (P.O. Box Number is Not Acceptable) 2601 EAST OAKLAND PARK BLVD.
Suite, Apt. #, Etc. 403
City Ft. Lauderdale, Fla
State FL Zip Code 33306

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

REGISTERED AGENT MUST SIGN

Date 12 NOV 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. 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)(f), 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

Date

Daytime Phone #