

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L36111

1. Corporation Name

VELTRE'S CORPORATION

Principal Place of Business

Mailing Address

% STEVEN I. GREENWALD
6971 NORTH FEDERAL HIGHWAY SUITE 200
BOCA RATON FL 33487

% STEVEN I. GREENWALD
6971 NORTH FEDERAL HIGHWAY SUITE 200
BOCA RATON FL 33487

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1989

5. FEI Number

65-0177910

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
D	VELTRE, LINDA	6971 N FEDERAL HWY	BOCA RATON FL

300024331153
10/31/03-01043-006-***150-00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENWALD, STEVEN I.
6971 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON FL FL 33487

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Linda M. Veltre
REGISTERED AGENT MUST SIGN

Date

Oct 28, 2003

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda M. Veltre LINDA M. VELTRE 10-28-03 9867
561-737-

CR2E040 (7/03)

Re: Letter #
503400060388
November 5th 2003

To Justin Shivers,

Please excuse the delay in
receiving my reinstatement &
\$50⁰⁰ fee, as I had not received
notification till ~~by~~ this letter attached
was sent and forwarded to my
home address. Please note that
all additional information and
notices for Veltre Corporation
be sent in the future to:

Veltre Corporation / Linda Veltre
2618 SW 5th ST
Boynton Beach, FL 33435

Attached with this letter ~~payment~~
payment for reinstatement fee was sent.

Again, Excuse the Delay
And Thank You, Linda Veltre