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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M16766

1. Corporation Name
LEHWALD, OROSEY & PEPE INCORPORATED

Principal Place of Business
ONE PARK PLACE. STE 260
621 NW 53RD ST
BOCA RATON FL 33487

Mailing Address
ONE PARK PLACE. STE 260
621 NW 53RD ST
BOCA RATON FL 33487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable
ONE PARK PLACE, ST. 340
Suite, Apt. #, etc.
621 NW 53RD STREET
City & State
BOCA RATON, FL
Zip 33487 Country U.S.A.

3. New Mailing Office Address, If Applicable
ONE PARK PLACE ST. 340
Suite, Apt. #, etc.
621 NW 53RD ST.
City & State
BOCA RATON, FL.
Zip 33487 Country U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida 06/14/1985

5. FEI Number 59-2541723 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)

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
~~O~~	~~LEHWALD, JR, HENRY W.~~	~~621 NW 53RD ST, STE 260~~	~~BOCA RATON FL~~
~~PCE~~ C	OROSEY, JR, JOHN G.	621 NW 53RD ST, STE ~~260~~ 340	BOCA RATON FL
~~EVP~~ P	PEPE, GERARD J.	621 NW 53RD ST, STE ~~260~~ 340	BOCA RATON FL
			700002844727--2 -11/12/97--01079--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
OROSEY, JOHN G. JR.
621 NW 53RD ST., SUITE 260
1 PARK PLACE
BOCA RATON FL 33487

9. Name and Address of New Registered Agent
Name
JOHN G. OROSEY, JR.
Street Address (P.O. Box Number is Not Acceptable)
621 NW 53RD ST. SUITE 340
Suite, Apt. #, Etc.
ONE PARK PLACE
City BOCA RATON State FL Zip Code 33487

CR2E040 (8/97)

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 (X) [signature] REGISTERED AGENT MUST SIGN Date 11-5-97

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)(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: (X) [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11-5-97 Date (561) 241-0482 Daytime Phone #