

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 18 AM 7:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M71733

1. Corporation Name

PETERS COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

13201 SHERIDAN ST.  
FT. LAUDERDALE FL 33330  
US

13201 SHERIDAN ST.  
FT. LAUDERDALE FL 33330  
US

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

03/14/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0051137

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	PESTRICHELLI, RICHARD H	13201 SHERIDAN ST.	FT. LAUDERDALE FL
VP	PESTRICHELLI, VICTORIA	13201 SHERIDAN STREET	FT. LAUDERDALE FL

800003447058--5

-11/01/00--01058--023

\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT

2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PESTRICHELLI, RICHARD H  
13201 SHERIDAN ST.  
FT. LAUDERDALE FL 33330

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Richard H. Pestricelli*

Date

10/12/00

REGISTERED AGENT MUST SIGN

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:

*Victoria Pestricelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00  
Date

954 434 5275  
Daytime Phone #

CR20040 (800)