

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 10 AM 11:03

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # N00000003001

1. Corporation Name

The National Association of Prudential
Retirees and Vested Terminators, Inc.

2. Principal Office Address

544 Greenway Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

City & State

Zip

33408

Country

USA

Zip

Country

**4. Date incorporated or Qualified
To Do Business in Florida**

5/3/00

5. FEI Number

65-001

007570

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Joseph Kuharcik

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

1211 The Plaza

Suite, Apt. #, Etc.

City

Singer Island

State

FL

Zip Code

33404

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**

Joseph Kuharcik

Date

11/30/01

REGISTERED AGENT MUST SIGN

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
Pres/ Dir.	Carl A. Rose	P.O. Box 811600	Boca Raton, FL 33481
VP/ Dir.	Charles B. Dupree	1151 Gulfstream Way	Singer Island, FL 33404
V/D	Leonard Juliano	13911 Leaning Pine Dr.	Miami Lakes, FL 33014
Sec/ Tres/ D	Donald Pagan	3538 Atdoann Dr.	Hoover, Alabama 35336

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)(b), 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:

Carl A. Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL A. ROSE, Pres.

Date

12/3/01

Daytime Phone #

2012

The National Association of
Prudential Retirees and
Vested Terminators, Inc.
544 Greenway Dr.
North Palm Beach, FL 33408
November 30, 2001

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

Re: The National Association of Prudential Retirees
and Vested Terminators, Inc.

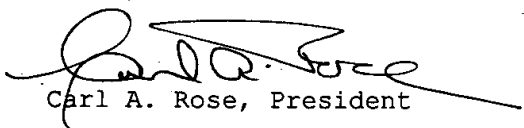
Dear Sir or Madam:

It was recently discovered that this corporation was dissolved for failure to file its annual report. Please accept this letter as a request for a waiver of the reinstatement fee.

This corporation was formed in the year 2000, and never received the notice to register for 2001. The former address for the corporation, 1281 N. Ocean Dr., Ste. 133, Riviera Beach, Florida, was changed, so perhaps the notice was returned or otherwise lost in the mail.

I have enclosed the 2001 Annual Report, together with a check in the amount of \$61.25 as the annual report fee, with the hope that you will reinstate this corporation without the fee for reinstatement.

Sincerely,


Carl A. Rose, President

CAR:jrg
encl.