

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
2000 UBR
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005400**

1. Corporation Name

PLEADS FAMILY, INC.

Principal Place of Business

Mailing Address

300 NW 69TH ST
MIAMI FL 33150

300 NW 69TH ST
MIAMI FL 33150

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1994

5. FEI Number

65-0548691

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	PEAN, IRVIN	300 N.W. 69TH STREET	MIAMI FL 33150
VPD	PEAN, SERETTE	300 NW 69TH ST	MIAMI FL 33150
TD	LARRENT, ABUER	7856 PEMBROKE RD	HOLLYWOOD FL

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*****61.25 *****61.25
SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEAN, PIERRE
300 NW 69TH ST
MIAMI FL 33150

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.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-00

CR2E040 (8/00)

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**PLEADS FAMILY, INC.
300 NW 69TH STREET
MIAMI, FL. 33150
305-759-5009**

10/13/00

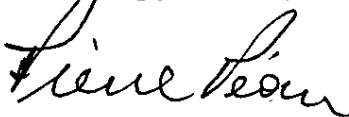
**Division of Corporations
Annual Report
P. O. box 6327
Tallahassee, Fl. 32314-6327**

Dear Sir/Madam

Please be informed that the Uniform Business Report was filed on the March 31, 2000. The check was written on that date, but upon my internal investigation it was realized that the check remained outstanding to date. The check number written was in the amount of \$ 70.00 check number 2290.

Kindly find enclosed replacement check and a copy of the form which was sent out. As you will see by my records I have never been tardy in sending in the report.

Thanking you kindly



Pierre Pean