

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 14 AM 8:00

DOCUMENT # N97000000595

1. Corporation Name

SOUTHFLORIDA PEOPLE INVOLVED IN CONSENSUAL ENDEAVORS, INC.

Principal Place of Business

Mailing Address

~~4931 SW 40TH AVE  
DAVIE FL 33314~~

P O BOX 451837  
SUNRISE FL 33345

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

2. New Principal Office Address, If Applicable  
2217 CYPRESS ISLAND DR.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
# 506

Suite, Apt. #, etc.

City & State  
POMPANO BEACH, FL

City & State

Zip  
33069

Country  
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/03/1997

5. FEI Number

65-0724847

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	4 City / State / Zip
<del>DV</del>	<del>GALDENCIO, TIM</del>	<del>241 SW 58TH AVE</del>	<del>PLANTATION FL 33317</del>
<del>DST</del>	<del>SMITH, ROBERT</del>	<del>4931 SW 40TH AVE</del>	<del>DAVIE FL 33314</del>
<del>DP</del>	<del>ZEQUERA, MARILYN</del>	<del>8118 NW 191ST ST</del>	<del>MIAMI FL 33015</del>
DP	WILLIAM EDWARD OAKMAN	2217 CYPRESS ISLAND DR. #506	POMPANO BEACH, FL 33069
DT	CLARASSA PINKNEY-DEWITT	16186 75TH AVE. N.	PALM BEACH GARDENS FL 33418
DS	CESAR LOPEZ	P.O. Box 144257	CORAL GABLES, FL 33114

8. Name and Address of Current Registered Agent

~~SMITH, ROBERT~~  
~~4931 SW 40TH AVE~~  
~~DAVIE FL 33314~~

9. Name and Address of New Registered Agent

Name

WILLIAM EDWARD OAKMAN

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

2217 CYPRESS ISLAND DRIVE

Suite, Apt. #, Etc.

# 506

City

POMPANO BEACH

State

FL

Zip Code

33069

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

*William E. Oakman*

REGISTERED AGENT MUST SIGN

Date

*Jan 10, 2004*

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:

*William E. Oakman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Jan 10, 2004* 954-770-0810

Daytime Phone #