

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 1:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000024496

1. Corporation Name

Peishwoo's, INC.

200004777472--2
-01/16/02--01030--020
****300.00 ****300.00

2. Principal Office Address

3531 NW 35 Way
Suite, Apt. #, etc.

3. Mailing Office Address

3531 NW 35 Way
Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip Country

33309 USA

City & State

Lauderdale Lakes, FL

Zip Country

33309 USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-3-2000

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Copeland & Chambliss, P.A.

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

707 S.E. Third Ave.

Suite, Apt. #, Etc.

101

City

Ft. Lauderdale

State
FL

Zip Code

33316

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

Wanda E. Russell

REGISTERED AGENT MUST SIGN

Date

11-26-01

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
D	Wanda E. Russell	3531 N.W. 35 Way	Lauderdale Lakes, FL, 33309

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)(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:

Wanda E. Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-01

Date

954-854-3543

Daytime Phone #

CR2E081 (9/00)

To Whom It May Concern:

1-4-02

Val²

I Wanda E. Russell am asking to have my corporation reinstated due to the fact that I didn't receive my annual report.

I moved to a new address: 3531 NW 35 Way
Lester Lake Lakes FL 33309

The report was never forwarded to the new address. As per the conversation with Ms. Milligan I am enclosing a check for \$150.00 for 2001 and another \$150.- for 2002, the total of \$300.-, + have everything updated.

Sincerely Yours
Wanda E. Russell