

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAY 31 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000032117

**1. Corporation Name**

PETE & PETE, INC.

**2. Principal Office Address**

2014 N. Flamingo Rd.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

Broward

**3. Mailing Office Address**

2014 N. Flamingo Rd.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL 33028

Zip

33028

Country

Broward

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

March 29, 2000

**5. FEI Number**

65-0997293

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300005765253--6

-06/13/02--01034--009

\*\*\*\*300.00 \*\*\*\*150.00

**7. Name and Address of Current Registered Agent**

Name

JOHN F. HOTTE, ESQUIRE

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

2400 East Commercial Boulevard

Suite, Apt. #, Etc.

Suite 826

City

Fort Lauderdale

State

FL

Zip Code

33308

**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

Date

5/23/02

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
P	Pete Manos	2014 N. Flamingo Rd.	Pembroke Pines, FL 33028
VP	Howard Berg	2014 N. Flamingo Rd.	Pembroke Pines, FL 33028

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pete Manos

Date

5/23/02 954-430-3555

Daytime Phone #

CR2E081 (9/01)

# FRAZIER, HOTTE & ASSOCIATES, P.A.

ATTORNEYS AT LAW

ROBERT W. FRAZIER, Jr., Esq.  
JOHN F. HOTTE, Esq.

Of Counsel:  
Me DANIEL HOTTE\*, LLL  
\*admitted to practice  
only in the Province  
of Quebec, Canada

May 23, 2002

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Pete & Pete, Inc.  
Document No. P00000032117  
Reinstatement

Dear Sir or Madam:

With regard to the above captioned matter, enclosed please find the Reinstatement Form and my client's check in the amount of \$300.00, representing the Annual Fee for the years 2001 and 2002, per my discussion with a representative in the Reinstatement Department this date. It is my understanding that, because the prior year's annual report form was returned to the Department of State, any additional fee has been waived. It is further my understanding that, upon your receipt of the enclosed, reinstatement will be effectuated within 7 to 10 days.

Thank you for your courtesies.

Very truly yours,  
FRAZIER, HOTTE & ASSOCIATES, P.A.



JOHN F. HOTTE, ESQ.

JFH:amd

Enclosures

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