

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathleen Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:45

DOCUMENT # P00000041863

1. Corporation Name

CHRISTINE BUTTIGIEG & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1320 NE 42ND STREET
FORT LAUDERDALE FL 33334

1320 NE 42ND STREET
FORT LAUDERDALE FL 33334



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1005488

Not Applicable

Zip

Country

Zip

Country

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
PSTD	BUTTIGIEG, CHRISTINE	1320 NE 42ND STREET	FORT LAUDERDALE FL 33334

600004669076--8

-11/06/01--01057--024

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATES, ELIZABETH J ESQ.

4411 NORTHWEST TENTH STREET
POMPANO BEACH FL 33066

Name

CHRISTINE BUTTIGIEG

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

1320 N.E. 42 STREET

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33334

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]
REGISTERED AGENT MUST SIGN

Date

Oct 18, 2001

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)(b). 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 18, 2001
Daytime Phone #

CR2E040 (8/01)

CHRISTINE BUTTIGIEA and Associates
1320 NE 42nd Street
Fort Lauderdale, FL, 33334

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

Oct 18, 2001

Dear Mrs Harris,

I was very

surprised to receive this paper of "Notice of dissolution" - It is the first one I receive and I never received anything before - It's my first corporation and when I receive an administrative paper, I always send it to my Accountant: Mr PINSKIN ST. - P.O. Box 450999 Sunrise, FL - 33345 - (tel 954 572 7367) - He said he never received anything either - I'm very sorry but I'm still working and I really do not want to dissolve my company.

Following my phone conversation with your office this morning, I'm enclosing a check of \$150.00 for Reinstatement.

With My best Regards

Christine Buttigiea