PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P92000003421 **DOCUMENT #**

1. Corporation Name

LAW OFFICES OF PETER GREGORY, P.A.

Principal Place of Business

Mailing Address

FILED

96 DEC 31 AM 9:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2 EAST CAMINO REAL P. O. BOX 4 SUITE 111B BOCA RATO BOCA RATON FL 33429 US				8138 DN FL 33429					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
				ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/10/1992			
Suite, Apt. #. Suite, Apt. #.				elc.		5. FEI Number		Applied For	
City & State City & S				te		65-0381081			Not Applicable
Zip Country Zip			Zip	Country		6. CERTIFICATE OF STATUS DESIRED WITH ACTUAL TO A COUNTY OF STATUS DESIRED WITH A COUNTY OF STATUS OF STAT		nal Fee required cale of Status (1)	
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									ALCOHOLOGICA STATE
Title(s)				Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box I		City / State / Zio			
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8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
GREGORY, PETER									(12E040 (17E)
2 E. CAMINO REAL					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 111B					Suite, Apt. #, Etc.				
BOCA RATON FL 33429					City		state Zip Coo	ie	
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 Date 12/2 1/96 Registered Agent MUST SIGN									
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No									
12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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/s true and accurate, and my signature shall have the same logal effect as it made under eath. SIGNATURE SIGNATURE SIGNATURE Daytime Phone I									