

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000016872

1. Corporation Name

PETER A. ALTMAN CPA, P.A.

Principal Place of Business

5715 MAIN ST
NEW PORT RICHEY FL 34652
US

Mailing Address

5715 MAIN ST
NEW PORT RICHEY FL 34652
US

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

2. New Principal Office Address, If Applicable

~~5620 Missouri Ave.~~

Suite, Apt. #, etc.

City & State
New Port Richey, FL

Zip
34652

Country
USA

3. New Mailing Office Address, If Applicable

~~5620 Missouri Ave.~~

Suite, Apt. #, etc.

City & State
New Port Richey, FL

Zip
34652

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1995

5. FEI Number

59-3303083

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVD	ALTMAN, PETER A	5517 MAGNOLIA WAY	NEW PORT RICHEY FL 34652
JD	POTTER, MATTHEW A	3914 WYOMING AVE.	NEW PORT RICHEY FL 34652
SD	SCHWARTZ, TRACY L	3329 MAGNOLIA WAY	NEW PORT RICHEY FL 34652

REINSTATEMENT

98-99 B 5/11/99

000002828250-5
-05/18/99-01091--028

8. Name and Address of Current Registered Agent

ALTMAN, PETER A
5715 MAIN ST
NEW PORT RICHEY FL 34652

9. Name and Address of New Registered Agent

Name

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

5620 Missouri Ave.

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

4/29/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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] PETER A. ALTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Daytime Phone #

727-842-3262