

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 DEC 22 AM 8:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000054629

1. Corporation Name
PACHTER CORP.

Principal Place of Business
**4811 BANYAN LANE
 TAMARAC FL 33319**

Mailing Address
**4811 BANYAN LANE
 TAMARAC FL 33319**



REINSTATEMENT *97*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	07/11/1995
5. FEI Number	APPLIED FOR
65-0644514	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PACHTER, BERNARD	4811 BANYAN LANE	TAMARAC FL 33319

200002383582--8
 -12/26/97--01085--012
 ****750.00 ****750.00

JB
12-24-97

8. Name and Address of Current Registered Agent

LANDIS, DANIEL M ESQUIRE
980 NORTH FEDERAL HIGHWAY
SUITE 302
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name **Gerald J. Houlihan, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road
 Suite, Apt. #, Etc.
Suite 600
 City **Miami,** State **FL** Zip Code **33134**

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 **12-19-97**

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]* **Bernard D. Pachter, President** 12/18/97 954-485-3012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)