

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 JAN 22 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087207

1. Corporation Name

Pearson & St. James, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

801 Three Island Blvd.

3. New Mailing Office Address, If Applicable

801 Three Island Blvd.

Suite, Apt. #, etc.

Suite 509

Suite, Apt. #, etc.

Suite 509

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

U.S.

Zip

33009

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/95

5. FEI Number

65-0628676

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)

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	Lessler, Reesa	2724 Wavecrest Drive	Corona del Mar, CA 92625
DPST	Lessler, Paul	2724 Wavecrest Drive	Corona del Mar, CA 92625
			200002415212-4 -01/28/98--01105--009 ****900.00 ****900.00

REINSTATEMENT 97-98

A. Alan
Jan. 22, 1998

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Alan R. Chase, Esq.

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

9400 S. Dadeland Boulevard

Suite, Apt. #, Etc.

Suite 600

City

Miami

State

FL

Zip Code

33156

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

Alan R. Chase

REGISTERED AGENT MUST SIGN

Date 1/16/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

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:

Paul Lessler PAUL LESSLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/98

Date

(714) 759-1266

Daytime Phone #

CR2E040 (12/96)