

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -5 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA0000004909

1. Corporation Name

PIERCE AND ASSOCIATES A FLORIDA, CORP

2. Principal Office Address

2301 COLLINS AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

A 337

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

Zip

FL

Country

33139

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 12-96

5. FEI Number

65-0635485

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STAN PIERZCHAJLO

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

2301 COLLINS AVE

Suite, Apt. #, Etc.

A 337

City

MIAMI BEACH

State

FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-18-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRESIDENT</u>	<u>STAN PIERZCHAJLO</u>	<u>2301 COLLINS AVE. SUITE 337</u>	<u>MIAMI BEACH FL. 33139</u>
<u>VICE PRESIDENT</u>	<u>" "</u>	<u>" "</u>	<u>" " "</u>
<u>SECRETARY</u>	<u>" "</u>	<u>" "</u>	<u>" " "</u>
<u>TREASURER</u>	<u>" "</u>	<u>" "</u>	<u>" " "</u>

10. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STAN PIERZCHAJLO

DEC. 18, 2000 305-695-4040

Date

Daytime Phone #

CR2E081 (9/99)

2 of 2

Pierce and Associates A Florida, Corp

2301 Collins Avenue, Suite A337

Miami Beach, FL 33139

Tel: (305) 695-4040 Fax: (305) 532-8213

December 18, 2000

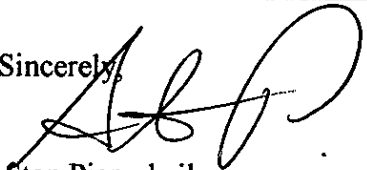
Department of State
Division of Corporations
P.O. Box. 6327
Tallahassee, FL 32314

Dear Sirs:

Please find my reinstatement application attached to this letter. The original renewal was not sent in on time because I moved and the forms did not get forwarded to the new address. I am a boat captain and a one person company, I spend a lot of time working out of town and this item got overlooked. The reinstatement amount of \$750.00 is a large burden on my business, so I ask you to consider waving the penalty portion or at least reduce the amount.

Please do not hesitate to call me if you need more information or have any questions.
Thank you for your attention in this matter

Sincerely,


Stan Pierzchajlo