

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

99 JAN 19 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

896 0060 19144

1. Corporation Name

PELT REALTY CORP

Principal Place of Business

2105 TAMiami TrL.
PORT CHARLOTTE, FL
33948-2186

Mailing Address

2105 TAMiami TrL.
PORT CHARLOTTE, FL
33948-2186

100002766891--1

-02/08/99--01012--026

***1058.75 ***1058.75

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/1996

5. FID Number

65-0696972

6. CERTIFICATE OF STATUS DESIRED ☒

Applied For

Not Applicable

\$6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
P	DENNIS AMODIO	103 TROPICANA DR.	PUNTA GORDA, FL 33958

REINSTATEMENT

97-99 B 1/19/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DAVID B. GOLDSTEIN

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

23462 PATERA AVE.

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33980

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(4), F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/15/99

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the person or trustee empowered to execute this application as provided for in chapter 607 or 612, 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 607.04(1) or 612.09(1), F.S., and that all fees owed by the corporation have been paid. 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

[Signature] (94)6278998

Date

1/15/99