

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000049531

1. Corporation Name

LARRY WECHTER, P.A.

Principal Place of Business

2810 EAST OAKLAND PARK BLVD., SUITE 200
FORT LAUDERDALE FL 33306

Mailing Address

2810 EAST OAKLAND PARK BLVD., SUITE 200
FORT LAUDERDALE FL 33306

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 Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1996

5. FEI Number

65-0209079

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 3	City / State / Zip 4
D	WECHTER, LARRY	2810 EAST OAKLAND PARK BLVD., SU	FORT LAUDERDALE FL 33306

3000009734043

12/30/02--01031--002 **150.00

8. Name and Address of Current Registered Agent

TEPPS, JEROME L
3411 POWERLINE ROAD, SUITE 701
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/16/02

11. 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

Date

11/16/02

Daytime Phone #

CR2E040 (8/02)

December 16, 2002

Florida Dept of State
Box 6327,
Tallahassee, FL 32314
Division of Corporations

re: Doc #P9600049531

To Whom It May Concern:

I did not receive the previous business reports regarding my corporation.

Please accept our application for reinstatement.

Thank you,

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Wechter". The signature is fluid and cursive, with a large initial "L" and a stylized "W".

Larry Wechter PA