

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**98-99AR**

FILED  
MAY 28 AM 9:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000005418**

1. Corporation Name

**P.C.L. ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

601 NW 31ST AVENUE, #A7  
POMPANO BEACH, FL 33069

601 NW 31ST AVENUE, #A7  
POMPANO BEACH, FL 33069

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

**REINSTATEMENT 98-99**

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

01/13/97

5. FEI Number

65-0717800

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LINDER, PAULA M.	601 NW 31ST AVENUE, #A7	POMPANO BEACH, FL 33069
VTD	LINDER, CHARLES E.	601 NW 31ST AVENUE, #A7	POMPANO BEACH, FL 33069

000002898110--8  
-06/08/99--01050--007  
\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHARLES E. LINDER  
601 NW 31ST AVENUE, #A7  
POMPANO BEACH, FL 33069

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.

Signature of Registered Agent

*Charles E. Linder*  
REGISTERED AGENT MUST SIGN

Date 5/25/99

11. This corporation owes 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:

*Charles E. Linder*

CHARLES E LINDER, V.PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/99  
Date

(954) 971-4441

Daytime Phone #

CR2E081 (12/98)

**Stuart M. Rotman, C.P.A., P.A.**

4700 North State Road 7, Suite 208  
Fort Lauderdale, Florida 33319-5804

Telephone (954)485-1200  
Facsimile (954)485-5006

May 13, 1999

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

**Re: P.C.L. Enterprises, Inc.**  
**Doc.#P97000005418**  
**Form: Corporate Annual Report Reinstatement**

Dear Division of Corporations:

Following our telephone conversation with your department, we are enclosing this application for reinstatement along with a check for \$300.00 for two years reinstatement fees, and this letter explaining that the above-named corporation never received their Corporate Annual Report form. Please reinstate the corporation as active, and thank you for your cooperation in this matter.

If you have any questions, please feel free to contact our office.

Very truly yours,

Stuart M. Rotman  
Certified Public Accountant

SMR/tkh