

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000071516

1. Corporation Name

REINVET INCORPORATED

Principal Place of Business

Mailing Address

19635-53 STATE RD 7  
BOCA RATON FL 33498  
US

19635-53 STATE RD 7  
BOCA RATON FL 33498  
US

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

2. New Principal Office Address, If Applicable

9050 Pines Blvd

Suite, Apt. #, etc.

383

City & State

Pembroke Pines, Fla

Zip

33024

Country

US

3. New Mailing Office Address, If Applicable

9050 Pines Blvd

Suite, Apt. #, etc.

383

City & State

Pembroke Pines, Fla

Zip

33024

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/1997

5. FEI Number

65-0789161

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
ST	ANTICO, PHIL	10600 PLAINVIEW CIR	BOCA RATON FL 33498
P	VATCH, LAWRENCE	145 SW 11 STREET	DEERFIELD BEACH FL 33441

8. Name and Address of Current Registered Agent

VATCH, LAWRENCE  
19635-53 STATE ROAD 7  
BOCA RATON FL 33498

9. Name and Address of New Registered Agent

Name

LARRY S. Abel

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

9050 PINES BLVD.

Suite, Apt. #, Etc.

383

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/13/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE VATCH, PRESIDENT

Date

Jan 25/01 (541)944-349

Daytime Phone #

FILED

01 JAN 29 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

0000

CR2E040 (800)