

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 NOV -8 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000071646**

1. Corporation Name

PORT EVERGLADES SALES & LEASING, INC.

Principal Place of Business Mailing Address **3333 SW 3rd Ave**

~~950 ELLER DRIVE~~ **3333 SW 3rd Ave** ~~POST OFFICE BOX 13101~~
~~CENTER CITY~~ **FT. LAUDERDALE, FL** ~~PORT EVERGLADES FL 33316~~
~~FT. LAUDERDALE FL 33316~~ **33315** **FT. LAUDERDALE, FL**
33315



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/19/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0775452	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PTD	SESSA, ANTHONY	950 ELLER DRIVE 3333 SW 3rd Ave	FT LAUDERDALE FL 33316 33315
SVD	VITALE, FRANK	950 ELLER DRIVE 3333 SW 3rd Ave	FT LAUDERDALE FL 33316 33315
			500003046305--8 -11/16/99--01092--015 ***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SESSA, ANTHONY 950 ELLER DRIVE FT. LAUDERDALE FL 33316		Name Street Address (P.O. Box Number is Not Acceptable) 3333 SW 3rd Ave Suite, Apt. #, Etc. City FT. LAUDERDALE State Zip Code FL 33315	

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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: **Frank Vitale** **FRANK VITALE** **10/12/99** **(954)463-6996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PORT EVERGLADES SALES & LEASING, INC.

3333 S.W. 3rd AVENUE
FT. LAUDERDALE, FL 33315

Phone 954 463-6666
Fax 954 463-2293

To Whom it may Concern.

I am writing this letter to request a one time waiver, as we have never received our annual report.

I do realize now after speaking to your agent/examiner Cathy Hyman that it is the corporations responsibility to have report filed by 5/1 of each year.

I respectfully request your help in obtaining this one time waiver & that all future filings will be done in a timely manner.

If you have any questions do not hesitate to contact us.

Thanks + Regards
Frank Vitale