

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066880

1. Corporation Name

P.O. & C.L. ENTERPRISES, INC.

Principal Place of Business

5305 GREENWOOD AVENUE, #101
WEST PALM BEACH FL 33407

Mailing Address

5305 GREENWOOD AVENUE, #101
WEST PALM BEACH FL 33407

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

07/20/1998

5. FEI Number

65-0934743

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
PTD	LOWE, CATHERINE	8833 MANLAMUOR LANE <i>Manlamoor</i>	WEST PALM BEACH FL 33412
D	ORLANDO, PATRICK	323 LAKESIDE COURT S	WEST PALM BEACH FL 33401

400008593024
10/25/02--01054--020 **150.00

8. Name and Address of Current Registered Agent

RICHARDS, WAYNE M
330 CLEMATIS STREET, VIA JARDIN, SUITE 218
WEST PALM BEACH FL 33401

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10.20.2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.20.2002 561.842.3941

CR2E040 (8/02)

.... Oct 21, 2002

2052

File Dept of State
Tallahassee, Fla.

Dear Sir or Madam:

This notice of dissolution is the only
notice POZCL Enterprises has received from
the state Dept for 2002.

We did not receive any prior notices
of the UBR reports. Maybe they were
lost in the mail or went to a wrong
address.

Enclosed is the check for \$150.00 filing
fee. Please reinstate our POZCL Enterprise
Corporation.

Thank you for your attention & assistance.

Sincerely,
Catherine Lane
Officer of the Corp

Address:

5305 Greenwood Ave #10)

WPRB Fla 32307