

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

02 SEP 18 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000092177**

1. Corporation Name

P&P NORTHSTAR INC.

2. Principal Office Address

3300 W. LANTANA RD

Suite, Apt. #, etc.

City & State

LANTANA, FL.

Zip

33462

Country

PBC

3. Mailing Office Address

3300 W. LANTANA RD.

Suite, Apt. #, etc.

City & State

LANTANA, FL.

Zip

33462

Country

PBC.

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

OCTOBER 29, 1998.

5. FEI Number

65-0876539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARMAND PRUSIS

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

8000 HARDING AVE

Suite, Apt. #, Etc.

APT # 3E

City

MIAMI BEACH

State

FL

Zip Code

33141

700007902237-5

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******900.00 ****900.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Armand Prusis

REGISTERED AGENT MUST SIGN

Date **09.16.02.**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	ARMAND PRUSIS	8000 HARDING AVE APT#3E	MIAMI BEACH, FL. 33141
V/P	EDMUND PRUSIS	5620 PRISCILLA LN	LAKE WORTH, FL. 33463

10. 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:

Armand Prusis - **ARMAND PRUSIS**

09.16.02.

561-9646433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)