

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 4:39

DOCUMENT # P99000005109

1. Corporation Name

STONE & PESTCOE, P.A.

2. Principal Office Address

2240 S.W. 70th AVENUE

FT. LAUDERDALE, FLA 333

Suite, Apt. #, etc.

SUITE D

City & State

FT. LAUDERDALE, FLA.

Zip

33317

Country

U.S.A.

3. Mailing Office Address

2240 S.W. 70th AVENUE

Suite, Apt. #, etc.

SUITE D

City & State

FT. LAUDERDALE, FLA

Zip

33317

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/14/99

5. FEI Number

65-0898738

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

SCOTT L. PESTCOE

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

2240 S.W. 70th AVENUE

Suite, Apt. #, Etc.

SUITE D

City

FT. LAUDERDALE,

State

FL

Zip Code

33317

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

Scott L. Pestcoe
REGISTERED AGENT MUST SIGN

Date 10-19-00

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
PRES.	SCOTT L., PESTCOE	2240 S.W. 70th AVENUE	FT. LAUDERDALE, FLA. 33317
D	DAVID STONE	2240 S.W. 70th AVENUE	FT. LAUDERDALE, FLA. ### &

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:

Scott L. Pestcoe

Scott L. Pestcoe, President

Date

10-19-00 954-617-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #