

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
12/22/97

97 DEC 26 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V16499**

1. Corporation Name

**PAUL STICHTER ENTERPRISES, INC.**

Principal Place of Business

4158 NW 96 WAY  
SUNRISE FL 33351

Mailing Address

4158 NW 96 WAY  
SUNRISE FL 33351



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

2. New Principal Office Address, If Applicable

**12300 NW 26th ST**

Suite, Apt. #, etc.

City & State

**PLANTATION FL**

Zip **33323**

Country

**USA**

3. New Mailing Office Address, If Applicable

**12300 NW 26th ST**

Suite, Apt. #, etc.

City & State

**PLANTATION FL**

Zip

**33323**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/24/1992**

5. FEI Number

**65-0335468**

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip                       |
|---------------|---|--|---|
| PC            | STICHTER, PAUL                            | <del>4158 NW 96 WAY</del> <b>12300 NW 26 ST</b>  | <del>SUNRISE FL</del> <b>PLANTATION 33323</b> |
| <del>VP</del> | STICHTER, JUDY                            | <del>4158 NW 96 WAY</del> <b>12300 NW 26 ST</b>  | <del>SUNRISE FL</del> <b>PLANTATION 33323</b> |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |

**REINSTATEMENT**

**1997**

**100002384991-7**

**-12/29/97-01/23/98**

**\*\*\*750.00/200/97**

8. Name and Address of Current Registered Agent

**STICHTER, PAUL**  
**4158 NW 96 WAY**  
**SUNRISE FL 33351**

9. Name and Address of New Registered Agent

Name

**PAUL STICHTER**

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

**12300 NW 26th ST**

Suite, Apt. #, Etc.

City

**PLANTATION**

State

**FL**

Zip Code

**33323**

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

REGISTERED AGENT MUST SIGN

Date

**12/20/97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

12. 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:

**PAUL STICHTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/20/97**  
Date

**(954) 916-9288**  
Daytime Phone #

CR2E040 (8/97)