

**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
CAMMACK LARHETTE BROKERAGE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.00

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

2015 DEC -3 PM 4:13

DOCUMENT # F0800000734

1. Corporation Name
 Cammack LaRhette Brokerage, Inc.

2. Principal Office Address - No P.O. Box # 15 William ST. Suite, Apt. #, etc. Ste 100 City & State Wellesley MA Zip 02481		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country US	
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CR2E081 (11/10)

4. Date Incorporated or Quashed To Do Business in Florida 2/18/2008	
5. FEI Number	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
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road

Suite, Apt. #, Etc.

City
 Plantation

State
 FL

Zip Code
 33324

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 *April Wittenwyler* April Wittenwyler Assistant Secretary Date 12/3/2015

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	see attached.		

10. E-mail Address: slucev@cammackretirement.com

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

SIGNATURE: *Edward W. Slucev* 11/3/2015 342-227-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CAMMACK LARHETTE BROKERAGE, INC.

Officer/Director Detail

Name & Address

Title SD

**SCHOFFELEN, NANCY L
2 RECTOR ST. 23RD FLOOR
NEW YORK, NY 10006**

Title Treasurer

**ALLEN, EARLE W
2 RECTOR ST. 23RD FLOOR
NEW YORK, NY 10006**

Title Secretary

**ALLEN, EARLE W
2 RECTOR ST. 23RD FLOOR
NEW YORK, NY 10006**

Title CEO

**SCHOFFELEN, EMILE J
2 RECTOR STREET, 23RD FLOOR
NEW YORK, NY 10006**