

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 13 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070823

**1. Corporation Name**

PTO CORP.

**2. Principal Office Address**

200 TORTUGA DRIVE

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

Zip

34275

Country

USA

**3. Mailing Office Address**

200 TORTUGA DR

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

Zip

34275

Country

USA

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

9/11/95

**5. FEI Number**

59-3335043

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

EILEEN M. SIEGEL

600040538506

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

200 TORTUGA DRIVE

08/26/04--01051--009 \*\*29.00

Suite, Apt. #, Etc.

City

NOKOMIS

State

FL

Zip Code

34275

**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

Eileen M. Siegel  
REGISTERED AGENT MUST SIGN

Date

8/23/04

**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
P, S -	EILEEN M. SIEGEL	200 TORTUGA DR.	NOKOMIS, FL 34275
VP, T	JOSEPH M. SIEGEL	200 TORTUGA DR.	NOKOMIS, FL 34275

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eileen M. Siegel

Date

8/23/04

Daytime Phone #

(941)  
966-2919