

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -1 PM 12:41

B 4/2/08
REINSTATEMENT 06-08

CR2E081 (12/07)

DOCUMENT # P05000044369

1. Corporation Name

Angela m Witt, P.A.

2. Principal Office Address - No P.O. Box #

4129 NW 186 Street

3. Mailing Office Address

4129 NW 186 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newberry, FL

City & State

Newberry, FL

Zip

32669

Country

USA

Zip

32669

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/05

5. FEI Number

20-2550305

Applied For.

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

Angela m Witt

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

4129 NW 186 Street

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

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

Angela m Witt

Date 3/14/08

REGISTERED AGENT MUST SIGN

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
VP	Dale Jonathan Witt	4129 NW 186 Street	Newberry, FL 32669
Pres	Angela m Witt	4129 NW 186 Street	Newberry, FL 32669

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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 contained in Chapter 119, 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:

Angela m Witt / Angela m Witt

3/13/08 (352) 472-1941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1941