

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 10:49

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # 608646

1. Corporation Name

PETTY'S OF SEMINOLE, INC.

Principal Place of Business

Mailing Address

2141 S.R. #434  
 LONGWOOD FL 32779  
 US

2141 S.R. #434  
 LONGWOOD FL 32779  
 US



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc. --

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

02/01/1979

5. FEI Number

59-1949806

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PETTIGREW, ROSEMARY	2141 S.R. 434	LONGWOOD FL
VD	HIDALGO, MARY A.	2141 SR 434	LONGWOOD FL
SD	HIDALGO, MARY A	2141 SR 434	LONGWOOD FL

600003457586--4  
 -11/08/00--01076--010  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIDALGO, ALLYSON  
 2141 S.R. #434  
 LONGWOOD FL 32779

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

CR2E040 (9/00)

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 *Allyson Hidalgo*

REGISTERED AGENT MUST SIGN

Date 10/16/00

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., 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)(l), 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.

KE

SIGNATURE: *Allyson Hidalgo* OWNER 10/10/00 4078620400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #