

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 30 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F77862

1 Corporation Name

PITTS CONSTRUCTION CO.

Principal Place of Business

Mailing Address

1005 SILVER BUSH RD.
LAKE PARK FL 33403

1005 SILVER BUSH RD.
LAKE PARK FL 33403

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

2 New Principal Office Address, If Applicable
9248 S.E. Island Pl.
Suite, Apt. #, etc.

3 New Mailing Office Address, If Applicable
9248 S.E. Island Pl.
Suite, Apt. #, etc.

4 Date Incorporated or Qualified
To Do Business in Florida 04/27/1982

City & State
TEQUESTA, FL
Zip 33469 Country US

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TEQUESTA, FL
Zip 33469 Country US

5 FEI Number 59-2179612
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	PITTS, WILLIAM F	1005 SILVER BUSH RD	LAKE PARK FL 33403
PD	William F. Pitts.	9248 S.E. Island Pl.	TEQUESTA, FL 33469

300002049803--3
-01/03/97--01014--022
****375.00 ****375.00

JB12-31-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PITTS, WILLIAM F
1005 SILVER BUSH RD
LAKE PARK FL 33403

Name William F. Pitts
Street Address (P.O. Box Number is Not Acceptable)
9248 S.E. Island Pl
Suite, Apt. #, Etc.
City TEQUESTA State FL Zip Code 33469

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

William F. Pitts

REGISTERED AGENT MUST SIGN

Date 12/24/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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.

SIGNATURE:

William F. Pitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/96

561-744-2155