

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 11 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **054762**

1. Corporation Name

Donald E. Pervis & Associates, P.A.

2. Principal Office Address

3900 Clark Road

3. Mailing Office Address

3900 Clark Road

Suite, Apt. #, etc.

Suite P5

Suite, Apt. #, etc.

Suite P5

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34233

Country

USA

Zip

34233

Country

USA

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

1983

5. FEI Number

592368281

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

Capital Connection, Inc.

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

417 E. Virginia Street

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State
FL

Zip Code

32301

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

Lilani White

REGISTERED AGENT MUST SIGN

Date **10/9/02**

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
CEO PID	Donald E. Pervis, Sr.	3900 Clark Road, Suite P-5	Sarasota, Florida 34233

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:

Donald E. Pervis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-02 (941) 927-0010

Date

Daytime Phone #

CR2E081 (9/01)