

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

PURITAN BUDGET PLAN, INC.

Principal Place of Business

3039 PREMIER PKWY  
SUITE 100  
DULUTH GA 30097

Mailing Address

3039 PREMIER PKWY  
SUITE 100  
DULUTH GA 30097



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/1984

5. FEI Number

59-2489352

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JAMIESON, RUSSELL	72 S ORLANDO AVENUE	COCOA BEACH FL 32931
VP	JAMIESON, RUSSELL	72 S ORLANDO AVE	COCOA BEACH FL 32931
ST	JAMIESON, RUSSELL	72 S ORLANDO AVE	COCOA BEACH FL 32931
900004701079--9 -12/03/01--01003--005 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

LIDSKY, CARLOS  
145 EAST 49TH STREET  
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/01

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)(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

Date

Daytime Phone #

10/14/01 (371)  
799.3313

CR2E040 (8/01)