

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L16353**

1. Corporation Name

**MICHAEL E. PETULLA PROFESSIONAL LAND SURVEYING, INC.**

Principal Place of Business

Mailing Address

362 B GRANT STREET  
LONGWOOD FL 32750

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LONGWOOD FL 32750

**FILED**  
97 FEB 26 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 96

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

4. Date Incorporated or Qualified To Do Business in Florida

09/14/1989

mwb

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1280 SEMINOLA BLVD

1280 SEMINOLA BLVD

CASSE / berry FL 32707

CASSE / berry FL

Zip 32707 Country SEMINOLE

Zip 32707 Country SEMINOLE

5. FEI Number

59-2978142

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	PETULLA, MICHAEL E	4280 STEED TERRACE	WINTER PARK FL
VD	PETULLA, MICHAEL E	4280 STEED TERRACE	WINTER PARK FL
			300002099183--9 -02/26/97--01127--009 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENBERG, WILLIAM A  
6500 HIGHWAY 17-92  
FERN PARK FL 32730

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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)(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:

*Michael E. Petulla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-96

Date

407-696-0146

Daytime Phone #

CR2E040 (7/96)