

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -4 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M93417

1. Corporation Name

Charles Pettit, P.A.

2. Principal Office Address

150 S.E. 12th St.

Suite, Apt. #, etc.

200

City & State

Ft. Lauderdale, FL

Zip

Country

33316 USA

3. Mailing Office Address

150 S.E. 12th St.

Suite, Apt. #, etc.

200

City & State

Ft. Lauderdale, FL

Zip

Country

33316 USA

REINSTATEMENT 12-01

4. Date Incorporated or Qualified
To Do Business in Florida

8/09/98

5. FEI Number

65-0071451

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

Charles Pettit

500004034965 -- 1

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

150 S.E. 12th St.

Suite, Apt. #, Etc.

200

City

Fort Lauderdale

State
FL

Zip Code

33316

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

C. Pettit

REGISTERED AGENT MUST SIGN

Date

4/01/01

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

PD	Charles Pettit	150 S.E. 12th St., #200	Ft. Lauderdale, FL 33316

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Pettit 4/01/01 954/523-7804

Date

Daytime Phone #

CR2E081 (9/00)