

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -5 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009200

1. Corporation Name
PURITA FAMILY CORP.

2. Principal Office Address
705 S. ATLANTIC DRIVE

Suite, Apt. #, etc.

City & State
LANTANA, FL

Zip
33462

Country
United States

3. Mailing Office Address
705 S. ATLANTIC DRIVE

Suite, Apt. #, etc.

City & State
LANTANA, FL

Zip
33462

Country
United States

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida 01/21/2000

5. FEI Number
65-0979983

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
JOSEPH R. PURITA

Street Address (P.O. Box Number is Not Acceptable)
705 S. ATLANTIC DRIVE

Suite, Apt. #, Etc.

City
LANTANA

State Zip Code
FL 33462

700056578807
06/28/05--01003--010 **1350.00

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

REGISTERED AGENT MUST SIGN

Date 6/20/05

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
D	JOSEPH R. PURITA	705 S. ATLANTIC DRIVE	LANTANA, FL 33462
D	MARY PURITA	705 S. ATLANTIC DRIVE	LANTANA, FL 33462

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

6/5/05 (561) 588-4919
Date Daytime Phone #

CR2E081 (01/05)