

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000011083

1. Corporation Name

DIMITRI COMPANY, INC.

Principal Place of Business

3615 THOMASVILLE RD.  
TALLAHASSEE FL 32312

Mailing Address

3615 THOMASVILLE RD.  
TALLAHASSEE FL 32312

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  
32308

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/2000

5. FEI Number

59-3629 794

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
D	PETRANDIS, LEE	3615 THOMASVILLE RD.	TALLAHASSEE FL 32312-08

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETRANDIS, LEE  
3615 THOMASVILLE RD.  
TALLAHASSEE FL 32312-08

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

*Lee Petrandis*

REGISTERED AGENT MUST SIGN

Date 11/07/01

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:

*Lee Petrandis*

*Lee Petrandis*

11/07/01

556-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Dimitri Company, Inc.**

Dimitri Company, Inc.  
3615 Thomasville, Road  
Tallahassee, FL 32038  
Tel .850.668.5994  
Fax.850.668.9679

November 7, 2001

Dear Department of State,

Per my conversation with your office, I am writing a note to inform you that I did not receive your letter requesting my FEIN number. I have enclosed it with the form that you mailed out to me.

Any questions, please contact me.

Sincerely,

Lee Petrandis

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