

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000098116

1. Corporation Name

Delores E Pufahl, R.D., Inc.

2. Principal Office Address

1067 RUSSELL AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1067 RUSSELL AVE.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34232

Country

USA

City & State

SARASOTA, FL

Zip

34232

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/12/00

5. FEI Number

59-2674448

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

WEBB, CHARLES, W.

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

2172 HILLVIEW ST.

Suite, Apt. #, Etc.

City

SARASOTA, FL

State
FL

Zip Code

34239

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

3/17/04

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	Delores E. Pufahl	1067 RUSSELL AVE.	SARASOTA, FL 34232

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:

DELORES E. PUF AHL Delores E. Pufahl

3/15/04

Date

941-371-7608

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 29 AM 8:00

500031350895
03/29/04--01084--002 **1050.00

REINSTATEMENT 02-04

MRS

CR2081 (01/04)