

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000002904**

1. Corporation Name

WITS END MOSAIC, INC.

Principal Place of Business

Mailing Address

211 NOVA DR
SANFORD FL 32771

211 NOVA DR
SANFORD FL 32771

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5224 WEST SR 46

PMB 134

SANFORD FLA

32771

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

59-3701462

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03



400024198244

10/28/03--01035--004 **150.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PENTNO, MICHELE PETNO	211 NOVA DR	SANFORD FL 32771

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETNO, MICHELE
211 NOVA DR
SANFORD FL 32771

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Michele Petno

REGISTERED AGENT MUST SIGN

Date

10-20-03

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:

SIGNATURE REQUIRED
Michele Petno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-03 407323-7220

CR2E040 (7/03)

10/20/03

Dear Secretary Hood,

I recently received the Certificate of Dissolution for my corporation. Because this is the first year I have incorporated I am unfamiliar with the required Uniform Business Report so did not look for , or miss, its arrival. The Dissolution Notice is the first correspondence I have received.

The address listed is not my business mailing address but my home address. It is a very rural area on the Wekiva River and the mailbox is not near the home – I have to drive to it. Hence, mail is routinely delivered to the wrong address or stolen or not delivered at all. For this reason I employ a postal mailbox for both home and business. It is:

Wits End Mosaic, Inc.
5224 West SR 46
PMB 134
Sanford, Fla. 32771

I am respectfully requesting a waiver of the penalty fee and have entered the correct mailing address on the form. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Michele Petno".

Michele Petno
President
Wits End Mosaic, Inc.