

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300009201053

11/25/02--01052--005 \*\*150.00

DOCUMENT # P01000016136

1. Corporation Name

PVBUSINESS, INC.

Principal Place of Business

568 PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082

Mailing Address

568 PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

570 Ponte Vedra Blvd,

Suite, Apt. #, etc.

Ponte Vedra Beach

City & State

FL

Zip

32082

Country

USA

3. New Mailing Office Address, If Applicable

1520 Sawgrass Village Drive

Suite, Apt. #, etc.

# 202

City & State

Ponte Vedra Beach FL

Zip

32082

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/13/2001

5. FEI Number ?

59-3700071

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
DPST	PETRO, MARILYN J	568 PONTE VEDRA BLVD	PONTE VEDRA BEACH FL 32082

8. Name and Address of Current Registered Agent

PETRO, MARILYN J  
568 PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

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  
REGISTERED AGENT MUST SIGN

Date

11/15/02

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/02

Daytime Phone #

904631-2331

CR2E040 (8/02)

November 18, 2002

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: **PVBusiness, Inc. 59-3700071**  
Application for Reinstatement

Please find enclosed my application for reinstatement. Please be advised of the following address changes and change your records:

Office Address

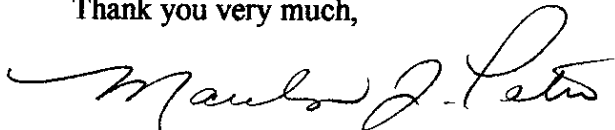
570 Ponte Vedra Blvd.  
Ponte Vedra Beach, FL 32082

Mailing Address

1520 Sawgrass Village Drive  
#202  
Ponte Vedra Beach, FL 32082

Please waive my reinstatement fee since I never received any other mailings. I moved and subsequently, have not been receiving some mail items. I have enclosed a check for \$150.00. Please let me know if there is anything further I must do.

Thank you very much,



Marilyn J. Petro  
President  
PVBusiness, Inc.  
570 Ponte Vedra Blvd.  
Ponte Vedra Beach, FL 32082