

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000022413

1. Corporation Name

NEVITT, INC.

2. Principal Office Address

140 Reserve Circle

3. Mailing Office Address

140 Reserve Circle

Suite, Apt. #, etc.

# 208

Suite, Apt. #, etc.

# 208

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country

Seminole

Zip

32765

Country

Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

2/28/01

5. FEI Number

651079754

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

Martin P. Nevitt, MD, MPH

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

140 Reserve Circle

Suite, Apt. #, Etc.

# 208

City

Oviedo

State

FL

Zip Code

32765

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

*Martin P Nevitt*

Date 10/16/03

REGISTERED AGENT MUST SIGN

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/P/S/T	Martin P. Nevitt, MD, MPH	140 Resrve Circle # 208	Oviedo, FL 32765

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:

*Martin P Nevitt (Martin P Nevitt)*

10/16/03

407-365-2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Oct 20, 2003

Nevitt, Inc.  
140 Reserve Circle # 208  
Oviedo, FL 32765

Dept. of State  
Div. Of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: P01000022413

FEIN: 651079754

To Whom It May Concern:

Please note:

- 1.) My new mailing address.
- 2.) I recently determined I had an inactive corporation because I had not received my mail requesting the filing of an Annual Report. I have enclosed a Directors and Shareholders report.
- 3.) Since I did not receive my mail from the state I am requesting an abatement of the Reinstatement fee.
- 4.) I have included the \$150 annual fee.

Thank you.

Sincerely,



Martin P Nevitt