

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JUN 26 AM 11:50

DOCUMENT # P02000010585

**1. Corporation Name**

St. Pete Mishler, Inc.

**2. Principal Office Address**

809 41st Ave. N.

Suite, Apt. #, etc.

**City & State**

St. Petersburg, FL

**Zip**

33703

**Country**

USA

**3. Mailing Office Address**

(same)

Suite, Apt. #, etc.

**City & State**

(same)

**Zip**

(same)

**Country**

(same)

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

2002

**5. FEI Number**

37-1421766

**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**

Peter J. Mishler, Sr.

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

809 41st AVE. N.

**Suite, Apt. #, Etc.**

**City**

St. Petersburg, FL

State  
FL

**Zip Code**

33703

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6/22/06

**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
P	Peter J. Mishler, Sr.	809 41st Ave. N.	St. Petersburg, FL 33703
V	Denise Mishler	809 41st Ave. N.	St. Petersburg, FL 33703

900077157919  
07/07/06--01048--017 \*\*800.00

**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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Mishler, Sr. 05/01/2006

Date

727-639-0682

Daytime Phone #



St. Pete Mishler, Inc.  
809 41<sup>st</sup> Avenue North  
Saint Petersburg, Florida 33703  
727.528.3200 Voice; 727.528.3400 FAX  
[flo@afcb.com](mailto:flo@afcb.com)

2/2

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

May 1, 2006

REGARDING: Reinstatement of Corporation and Waiver of Fees Request,  
DOC# P02000010585, St. Pete Mishler, Inc.

To Whom It May Concern:

Please waive the reinstatement fees for St. Pete Mishler, Inc.. We first incorporated in 2002 and were not aware of the need to file an annual report with the State of Florida, and we did not receive any notification from the State. This may have been due to the fact that our address changed shortly after incorporating in 2002. My accountant just made me aware this last week that the state had dissolved our corporation in 2003.

I have enclosed the reinstatement form and a check for \$600, which includes the annual fees for 2003, 2004, 2005 and 2006, hopefully bringing us current.

Thanks very much!

A handwritten signature in black ink, appearing to read "Peter J. Mishler, Sr.", is written over a horizontal line.

Peter J. Mishler, Sr., President  
St. Pete Mishler, Inc.  
(Cell Phone # 727-639-0682)