

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 16 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000026399**

1. Corporation Name

PURRFECT SPOTS, INC.

Principal Place of Business

Mailing Address

P O BOX 1094

~~SANTA ROSA FL 32459~~

P O BOX 1094

~~SANTA ROSA FL 32459~~



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0665664

Applied For

Not Applicable

City & State

Santa Rosa Beach FL

City & State

Santa Rosa Bch, FL

Zip

Country

~~US~~ **US**

Zip

Country

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
PD	BAKER, NAN	150 BETTY STREET	SANTA ROSA BEACH FL 32459

700023854367
10/16/03--01039--018 **150.00

Handwritten signature
10/17

8. Name and Address of Current Registered Agent

**BAKER, NAN
150 BETTY STREET
SANTA ROSA FL 32459**

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

Date

REGISTERED AGENT MUST SIGN

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:

Handwritten signature of Nan Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

850 267 1887
Daytime Phone #

CR20040 (7/03)

MAP YOUR ACCOUNTING SERVICES, INC.
240 Buck Road
Santa Rosa Beach, Florida, 32459

10/14/03

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

RE: Notice of Admin. Dissolution
Purrrfect Spots, Inc.
P02000026399

My client Nan Baker (stockholder of this corporation) indicated that she did NOT receive the notification for payment in the spring, nor the follow-up notice of late payment delinquency. They are small business owners and respectfully, request that the corporation be reinstated and the late payment penalty waived this time. Being unfamiliar with this type of billing, and only an occasionally need for bookkeeping or tax assistance, the lack of payment was not noticed.

3/1/02
incorp.
1st time
to see
this form

Please find enclosed their check in the amount of \$150.00. If their corporation cannot be reinstated for this amount, please return the check, as the client's business cannot afford to pay the penalty attached to this late payment.

Your due consideration to reinstate and waive associated penalties will be greatly appreciated.

Michele Platt, President

Michele Platt

Documented completed and included with disbursement for \$150.00

Please note *address should be
Santa Rosa BEACH, 71 32459