

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 21 PM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083073

1. Corporation Name

P & D OF SARASOTA, INC.

2. Principal Office Address

1901 Joshua Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34230

Country

USA

3. Mailing Office Address

1901 Joshua Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34230

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/31/02

5. FEI Number

22-3861228

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

05/05/04 01033-003-44300.00

**7. Name and Address of Current Registered Agent**

Name

PAMELA K. EGGBRECHT

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

1901 Joshua Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34230

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

*Pamela K. Eggebrecht*  
Pamela K. Eggebrecht

REGISTERED AGENT MUST SIGN

Date 4/23/04

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	Pamela K. Eggebrecht	1901 Joshua Drive	Sarasota, FL 34230
D	Donald R. Eggebrecht	1901 Joshua Drive	Sarasota, FL 34230
D	Andrew D. Eggebrecht	1960 Stickney Point Rd.#201	Sarasota, FL 34231
D	Daniel R. Eggebrecht	1960 Stickney Point Rd.#201	Sarasota, FL 34231

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela K. Eggebrecht

4/23/04

Date

941-316-0111

Daytime Phone #

CR2E081 (01/04)

*PAC 20*

**P & D OF SARASOTA, INC.  
1901 Joshua Drive  
Sarasota, FL 34230**

April 24, 2004

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

**Re: P & D of Sarasota, Inc.  
Doc. #P02000083073  
Application for Reinstatement**

Gentlemen:

I am the Registered Agent of the captioned corporation and one of its Directors. The said corporation was qualified to do business in Florida on July 31, 2002. The first Uniform Business Report due for the corporation was May 1, 2003. No report was received by me during the year 2003.

I am, therefore, requesting that the \$600 reinstatement fee be waived by reason of the fact that an annual report form for the corporation was not received by me.

Thank you for your consideration in this regard.

Very truly yours,

*Pamela K. Eggebrecht*

Pamela K. Eggebrecht  
Director and Registered Agent

PKE:mva