

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000110656**

1. Corporation Name

PETRONIA, INC.

Principal Place of Business

Mailing Address

**25 NW 16TH AVE
STE C
GAINESVILLE, FL 32601**



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

2. New Principal Office Address, If Applicable

25 NW 16TH AVE, #C
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

25 NW 16TH AVE, #C
Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

Zip

32601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/2002

5. FEI Number

☒ 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
D	KIRIAKOPOULOS, ANTOINETTE	25 NW 16TH AVE #C	GAINESVILLE, FL 32601

10/16/03

8. Name and Address of Current Registered Agent

**KIRIAKOPOULOS, ANTOINETTE
7909 NE 219 TERR
~~MELROSE FL 32666~~**

9. Name and Address of New Registered Agent

Name

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

25 NW 16TH AVE, #C

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32601

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 of Antoinette Kiriaopoulos]
REGISTERED AGENT MUST SIGN

Date **10/16/03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

352-381-9222

Daytime Phone #

CR2E040 (7/03)

Business Bookkeeping Service, Inc.

Phone
352-375-2797

2711 NW 6th Street
Suite F
Gainesville, Fl. 32609

Fax
352-375-1706

October 20, 2003

TO WHOM IT MAY CONCERN:
RE: PETRONIA, INC.
DOCUMENT # P0200110656

OUR CLIENT IS SENDING YOU A CHECK FOR THE AMOUNT OF \$150.00 BECAUSE THEY DID NOT RECEIVE THE ORIGINAL STATEMENT. YOU ARE SHOWING THE WRONG ADDRESS IN YOUR SYSTEM. THERE FOR THE OWNER OF THIS BUSINESS DID NOT RECEIVE THE FORM IN A TIMELY MANNER.

PLEASE ACCEPT THIS PAYMENT OF \$150.00 WITH THE CORRECTIONS MADE ON THIS REINSTATEMENT FORM. ALSO PLEASE MAKE THE NECESSARY CHANGES IN YOUR SYSTEM SO THAT OUR CLIENT WITH RECEIVES THE FORM FOR THE 2004 YEAR.

THANK YOU FOR YOUR ASSISTANCE WITH THIS PROBLEM.

REGINA SWEAT
BUSINESS BOOKKEEPING SERVICE, INC.
ACCOUNTANT