

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 18 AM 9: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02420**

1. Corporation Name

PETCHEM INCORPORATED -

Principal Place of Business

Mailing Address

16 CHAPEL STREET
C
NORWALK CT 06850
US

16 CHAPEL STREET
C
NORWALK CT 06850
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1984

SP

5. FEI Number

06-0991413

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	SAVAS, ANTHONY	5 COTTONTAIL RD.	NORWALK CT
S	SAVAS, ELIZABETH ANN	5 COTTONTAIL RD.	NORWALK CT

100003455051--6
-11/07/00--01066--004
*****750.00 *****750.00
100003455051--6
-11/07/00--01066--005
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ODOM, ROBERT M
BLDG. 90520
CAPE CANAVERAL AIR FORCE STATION
CAPE CANAVERAL FL 32920

Name

Alex M. Savas

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

665 Acorn Street

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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.

Signature of
Registered Agent

Alex M. Savas
SIGNATURE REQUIRED

Date 10/16/00

REGISTERED AGENT MUST SIGN

CR2E040 (2/00)

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:

Anthony Savas
Anthony Savas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

203 852-9215

Daytime Phone #