

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 31 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000038962

1. Corporation Name

MEL PENTECOST INC

**REINSTATEMENT** 05-07 RES

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

2993 BAY ST

Suite, Apt. #, etc.

City & State

SARASOTA, FLA

Zip

34237

Country

FLORIDA

3. Mailing Office Address

2993 BAY ST

Suite, Apt. #, etc.

City & State

SARASOTA, FLA

Zip

34237

Country

FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

2004

5. FEI Number

201405962

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MEL PENTECOST

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

2993 BAY ST

Suite, Apt. #, Etc.

5

City

SARASOTA

State

FL

Zip Code

34237

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

MEL PENTECOST

Date OCT 29-07

REGISTERED AGENT MUST SIGN

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
<u>OWNER</u> <u>PTSDOC</u>	<u>MEL PENTECOST</u>	<u>2993 BAY ST</u>	<u>SARASOTA FLA 34237</u>

500111554595  
10/31/07--01047--010 \*\*450.00

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:

MEL PENTECOST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 29-07 (941) 232-2282

Date

Daytime Phone #