PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED JUL 22 RECD

CORPORATION REINSTATEMENT

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

02 JUL 22 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10426

1. Corporation Name
PITTS ENTERPRISES, INCORPORATED

2. Principal Office Address	3. Mailing Office Address
5734 Hwy 431 South	P. O. Box 127
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Pittsview, Alabama	City & State: Pittsview, Alabama
Zip: 36871 Country: USA	Zip: 36871 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/12/1986

5. FEI Number: 630703410 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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***1880.00 ***1880.00

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, FS.

Signature of Registered Agent: Connie Bryan
REGISTERED AGENT MUST SIGN

Date: 7/22/02

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
Dir/CEO	Jeff Pitts	5734 Hwy 431 South	Pittsview, AL 36871
Sec	Jamie Stowe	5734 Hwy 431 South	Pittsview, AL 36871

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*****70.00 *****70.00

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 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: Jeff B. Pitts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/18/02

Daytime Phone #: 800-321-8023

FL010 - 09/18/01 CT System Online

7/22/02