

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**  
**Mar 02, 2001 8:00**  
**Secretary of State**

DOCUMENT # **P93000011108**

1. Corporation Name

**PITTS, HANDFIELD & VALENTINE, P.A.**

Principal Place of Business

4770 BISCAYNE BLVD  
SUITE 1200  
MIAMI FL 33137  
US

Mailing Address

4770 BISCAYNE BLVD  
SUITE 1200  
MIAMI FL 33137  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0395326

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	PITTS, CLINTON J	4770 BISCAYNE BLVD, SUITE 1130	MIAMI FL 33137
STD	HANDFIELD, LARRY R.	4770 BISCAYNE BLVD, SUITE 1130	MIAMI FL

600003912746--3  
-03/27/01--01090--007  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

PITTS, CLINTON J  
7005 CROWN GATE PLACE  
MIAMI FL 33014

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2/26/01

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01  
Date

(305) 576-1011  
Daytime Phone #

CR2ED40 (8/00)