PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 JUN 23 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021816

1. Corporation Name

PETT OF COLLIER COUNTY, INC.

REINSTATEMENT 96-97
A. Alan
6/23/97

Principal Place of Business	Mailing Address
Moorings Professional Bldg 2335 Tamiami Trail N. Suite 308 Naples, Fl 33940	Moorings Professional Bldg 2335 Tamiami Trail N. Suite 308 Naples, Fl 33940

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
2204 N. Tamiami Trail	2204 N. Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples Fl	City & State: Naples Fl
Zip: 34103 Country: Collier	Zip: 34103 Country: Collier

4. Date Incorporated or Qualified To Do Business in Florida: March 23, 1993

5. FEI Number: 65-0404837 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Lloyd Perlman	10450 Winosor Way	Naples, Fl 34109
D	Phyllis Ettinger	1585 S. Victoria Rd.	Mendota Heights MN 55118

000002221020--7
-06/24/97--01025--008
****915.00 ****915.00

8. Name and Address of Current Registered Agent

Douglas L. Rankin
Moorings Professional Bldg
2335 Tamiami Trail N. Suite 308
Naples, Fl. 33940

9. Name and Address of New Registered Agent

Name: Lloyd Perlman
Street Address (P.O. Box Number is Not Acceptable): 2204 N. Tamiami Trail
Suite, Apt. #, Etc.:
City: Naples State: FL Zip Code: 34103

CR2E040 (12/96)

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] Date: 6/18/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Lloyd Perlman 6/18/97 941-2636679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #