

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000055577

1. Entity Name  
P.I.T.A. OF PINELLAS COUNTY INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

REINSTATEMENT **04**

Principal Place of Business  
4121 F AVE N  
SAINT PETERSBURG, FL 33702

Mailing Address  
3217 B 40 LANE SOUTH  
ST. PETERSBURG, FL 33711

2. Principal Place of Business  
4121 5th Avenue N.

3. Mailing Address  
8162 Terrace Garden Dr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103

11022004

REIN-P

CR2E098 (6/04)

*MRS*

City & State  
St. Petersburg FL

City & State  
St. Petersburg FL

4. FEI Number  
59-3454453

Applied For  
Not Applicable

Zip  
33713

Country  
USA

Zip  
33709

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHER, JANE R  
3857 50TH AVE S  
ST. PETERSBURG, FL 33711

Name Henry Kamerling

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

8162 Terrace Garden Dr. N. #108

City St. Petersburg FL Zip Code 33709

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-9-04

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME MAHER, JANE R  
STREET ADDRESS 3857 50TH AVE S  
CITY-ST-ZIP ST PETERSBURG, FL 33711

TITLE ST ☒ Delete  
NAME MAHER, THOMAS R  
STREET ADDRESS 4900 14 AVE N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Henry Kamerling  
STREET ADDRESS 8162 Terrace Garden Dr. N. #103  
CITY-ST-ZIP St. Petersburg, FL 33709

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700042998827  
11/24/04--01038--017 \*\*\$150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-04

Date

Daytime Phone #