

CAPITAL CONNECTION

850 222 1222

04/13 '99 09:15 NO.786 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

59 MAY -6 AM 11:11

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **P97000092310**

1. Corporation Name

P.T. of South Dixie, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT93-99
268
5/6/99

2. New Principal Office Address, If Applicable 9133 Taft Street		3. New Mailing Office Address, If Applicable 9133 Taft Street		4. Date Incorporated or Qualified To Do Business in Florida 10/28/97	
Suite, Apt. #, etc. #124		Suite, Apt. #, etc. #124		5. FEI Number 65-0766422	
City & State Pembroke Pines FL		City & State Pembroke Pines FL		Applied For Not Applicable	
Zip 33024		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8 /5 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Donald C. O'Neill	9133 Taft Street, #124	Pembroke Pines FL 33024
DV	Gerard F. O'Neill	9133 Taft Street, #124	Pembroke Pines FL 33024

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

		Name Donald C. O'Neill	
		Street Address (P.O. Box Number is Not Acceptable) 548 NE 13th Avenue	
		Suite, Apt. #, Etc.	
		City Fort Lauderdale	State FL

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

REGISTERED AGENT MUST SIGN

Date

4-14-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

(954) 817-4645

Daytime Phone #