


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000003564**

1. Corporation Name

JOHN R. PELTON, P.A.

Principal Place of Business

Mailing Address

8620 S TAMiami TRAIL
SARASOTA FL 34238

8620 S TAMiami TRAIL
SARASOTA FL 34238

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

20 BISHOPS COURT RD

OSPREY, FL

34229

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/12/1998

5. FEI Number

65-0808840

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PELTON, JOHN R	20 BISHOPS COURT RD	OSPREY FL 34229
S	PELTON, SUSAN	20 BISHOPS COURT RD.	OSPREY FL 34229
D, P	PELTON, JOHN R	20 BISHOPS COURT RD.	OSPREY FL 34229

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******750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STATE OF FLORIDA
COUNTY OF SARASOTA

Name **SUSAN PELTON**

PELTON, JOHN R
20 BISHOPS COURT RD
OSPREY FL 34229

The foregoing instrument was acknowledged before me this **12** day of **OCT** year **2001**

Street Address (P.O. Box Number is Not Acceptable)
20 BISHOPS COURT RD.

Suite, Apt. #, Etc.

By **SUSAN PELTON**

City **OSPREY**

State

Zip Code

FL 34229

10. I, **Todd D. Bowler**, Notary Public, am personally known to me or as identification. I am familiar with and accept the obligations of Section 607.0505, F.S.

EXPIRES: November 28, 2003
Bonded Thru Western Surety Company

Signature of Registered Agent

SUSAN PELTON
SECRETARY

Date

10/12/01

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: **SUSAN PELTON**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN PELTON

12/4/01
Date

(941) 966-0023
Daytime Phone #