

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State

FILED

99 DEC -2 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100791

1. Corporation Name

CHRIS PETTIT, P.A.

Principal Place of Business

438 ST. ARMANDS CIRCLE
SARASOTA FL 34236

Mailing Address

438 ST. ARMANDS CIRCLE
SARASOTA FL 34236

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1998

5. FEI Number

65-0879010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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	4 City / State / Zip
D	PETTIT, CHRIS	438 ST. ARMANDS CIRCLE	SARASOTA FL 34236

8. Name and Address of Current Registered Agent

PETTIT, CHRIS
888 BOULEVARD OF THE ARTS, #1208
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

REGISTERED AGENT MUST SIGN

Date

10/22/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

10/22/99

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GEORGE V. FAMIGLIO, JR. & ASSOCIATES
PO BOX 3319
SARASOTA, FL 34230
(941) 957-0775
(941) 957-0778 FAX

October 22, 1999

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

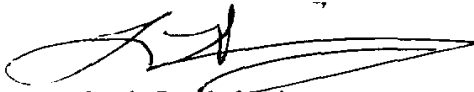
RE: Chris Pettit, PA
EIN#: 65-0879010
DOCUMENT#: P98000100791

To Whom It May Concern:

Please find enclosed the completed reinstatement application on the above client. The client did complete the original application and sent in a check for \$150.00 on January 29, 1999, which has been cashed by the State of Florida. To date the only notice that was received to alert that client of a problem was the Dissolution certificate. Please waive all fees and penalties to reinstate this client because this was the first time.

Thank you for your immediate attention to the above matter. If you have any questions or concerns, please feel free to call our office.

Sincerely,



Lucie Przybylowicz
Administrative Assistant to
George V. Famiglio, Jr.

cc:file