

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 Mailing Address
438 ST. ARMANDS CIRCLE 438 ST. ARMANDS CIRCLE
SARASOTA FL 34236 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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/03/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0879010	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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		9. Name and Address of New Registered Agent	
PETTIT, CHRIS 888 BOULEVARD OF THE ARTS, #1208 SARASOTA FL 34236		Name <u>CP</u> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code 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: CP Date: 10/22/99
REGISTERED AGENT MUST SIGN

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: CP Date: 10/22/99 Daytime Phone #
KE

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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

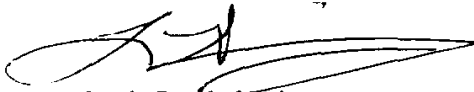
RE: Chris Pettit, PA
EIN#: 65-0879010
DOCUMENT#: P98000100791

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