

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000100791**

1. Corporation Name

CHRIS PETTIT, P.A.

Principal Place of Business

Mailing Address

~~438 ST. ARMANDS CIRCLE~~
~~SARASOTA FL 34236~~

P.O. BOX 3319
SARASOTA FL 34230

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 20 PM 3:12



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

P.O. Box 303

Suite, Apt. #, etc.

SARASOTA

City & State

FL

Zip
34230

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 ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PETTIT, CHRIS	438 ST. ARMANDS CIRCLE 1661 Main ST	SARASOTA FL 34236
			400004744594--1
			-12/31/01--01040--022
			****750.00 ****750.00

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 **CHRIS - PETTIT**
Street Address (P.O. Box Number is Not Acceptable)
1661 COTTONWOOD TRAIL
Suite, Apt. #, Etc.
City **SARASOTA** State **FL** Zip Code **34232**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/01/01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/01/01

Daytime Phone #