

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 27 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **99600065380**

1. Corporation Name

Society of International Practitioners, Inc.

2. Principal Office Address

936 Wedgewood Lane

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33813

Country

Polk

3. Mailing Office Address

Post Office Box 1763

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33802-1763

Country

Polk

4. Date Incorporated or Qualified  
To Do Business in Florida

7/16/1999

5. FEI Number

59-3590203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02-03**

**7. Name and Address of Current Registered Agent**

Name

Anthony J. Pewonski

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

936 Wedgewood Lane

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date April 28, 2003

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Anthony J. Pewonski	936 Wedgewood Lane	Lakeland, Florida 33813

10. 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.

M. Dahle, Assistant Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003

Date

Daytime Phone #

CRZ001 (10/02)