

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V 40077

1. Corporation Name

P. Theroux, Inc.

Principal Place of Business

229 Pensacola Road  
Venice, FL 34285  
U.S.A.

Mailing Address

229 Pensacola Road  
Venice, FL 34285  
U.S.A.

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

2. New Principal Office Address, If Applicable

229 Pensacola Road  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

229 Pensacola Road  
Suite, Apt. #, etc.

City & State

Venice, Florida

Zip

34285

Country

U.S.A.

City & State

Venice, Florida

Zip

34285

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

May 21, 1992

5. FEI Number

65-0337331

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P, S/T,	Paul Theroux	Fort Hill Road 14 Hill House	East Sandwich, MA 02537

8. Name and Address of Current Registered Agent

DENNIS J. TRACY, ESQUIRE  
229 Pensacola Road  
Venice, Florida 34285

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

5/20/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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  
PAUL THEROUX, PRESIDENT

Date

5/20/97

808-638-5557

Daytime Phone #

FILED

97 JUN -2 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

93-97  
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CR2E040 (12/96)