

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 16 AM 11:15

DOCUMENT # 601529

1. Corporation Name

LOUIS PESCE, P.A.

300161832503
10/16/09--01037--014 **900.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
1307 Hickory Drive

3. Mailing Office Address
1307 Hickory Drive

Suite, Apt. #, etc.

City & State
Longwood, Florida

City & State
Longwood, Florida

Zip Country
32779 Seminole

Zip Country
32779 Seminole

4. Date Incorporated or Qualified To Do Business in Florida 10/09/1969

5. FEI Number 59-1272396 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Louis Pesce

Street Address (P.O. Box Number is Not Acceptable)
1307 Hickory Drive

Suite, Apt. #, Etc.

City State Zip Code
Longwood FL 32779

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 10/12/2009
REGISTERED AGENT MUST SIGN

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
PTD	Louis Pesce	1307 Hickory Drive	Longwood, Florida 32779
S	Jane W. Pesce	1307 Hickory Drive	Longwood, Florida 32779

REINSTATEMENT 08-09 KS

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 contained in Chapter 119, 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: _____ President 10/12/2009 407-862-5464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #