

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 18 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000091955**

1. Corporation Name

Al Quattrone, Inc.

**300008421433--4**  
-10/17/02--01035--005  
\*\*\*\*750.00 \*\*\*\*750.00

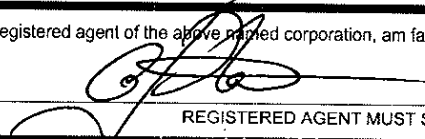
2. Principal Office Address 11000 Metro Parkway Suite, Apt. #, etc. Suite 27 City & State Fort Myers, FL Zip 33912		Country USA		3. Mailing Office Address 11000 Metro Parkway Suite, Apt. #, etc. Suite 27 City & State Fort Myers, FL Zip 33912		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 9/17/01	
5. FEI Number 72-1522004	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Name Quattrone, Alfred	
Street Address (P.O. Box Number is Not Acceptable) 11000 Metro Parkway	
Suite, Apt. #, Etc. Suite 27	
City Fort Myers	State FL
	Zip Code 33912

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 10/16/02

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
PT	Quattrone, Alfred	12661 Chartwell Drive	Fort Myers, FL 33912
S	Quattrone, Lisa	12661 Chartwell Drive	Fort Myers, FL 33912

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.

SIGNATURE:  Alfred J Quattrone 10/16/02 239-936-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E081 (8/01)

20 10/16/02