

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 JUN -1 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000050087

1. Corporation Name

Antinucci Corporation

2. Principal Office Address - No P.O. Box #

Mun 2488 2250NW 114<sup>th</sup> AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 1N

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33172

U.S

7. Name and Address of Current Registered Agent

Name

Remo Antinucci Jr.

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

Mun 2488 2250 NW 114<sup>th</sup> Ave

Suite, Apt. #, Etc.

UNIT 1N

City

Miami

State

FL

Zip Code

33172

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 5/10/2010

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
PO	Remo Antinucci Jr.	Mun 2488 2250NW 114AVE #1N	Miami FL 33172
VP	Remo Antinucci Sr.	Mun 2488 2250NW 114AV #1N	Miami FL 33172
D	Raffaele Antinucci	MUN 2488 2250NW 114AV #1N	Miami FL 33172
SD	Alexandro Antinucci	Mun 2488 2250NW 114AV #1N	Miami FL 33172

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/2010

Date

Daytime Phone #

400181572319  
06/01/10-01056-018 \*\*\$600.00  
**REINSTATEMENT** 07-10

4. Date Incorporated or Qualified To Do Business in Florida

5/6/2003

5. FEI Number

01-0781067

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

The \$600.00 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.