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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR

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

1999 *AKC*

Read Instructions on Other Side Before Making Entries

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P97000031145**
GENNARO & COMPANY, INC.
4752 N. CONGRESS AVENUE
BOYNTON BEACH, FL 33462

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address
6574-HYPOLUXO RD.
City and State Zip Code
BOYNTON BEACH, FL 33467

3. If Principle Office Address is different from mailing address, enter address below:

Address
6574-HYPOLUXO RD.
City and State Zip Code
BOYNTON BEACH, FL 33467

4. Date Incorporated or Qualified To Do Business in Florida
04/04/1997

5. FEI Number
65-0794607

FEI Number Applied For
FEI Number Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BREEDLOVE, RALPH	921-19th STREET	BOCA RATON, FL, 33486
D	GENNARO, THOMAS	12341- TIFTON COURT	BOCA RATON, FL 33428
D	GENNARO, ANGELA	12341- TIFTON COURT	BOCA RATON, FL 33428

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******550.00 ****550.00**

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REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

Name
THOMAS GENNARO
Street Address (Do NOT Use P.O. Box Number)
6574-HYPOLUXO RD.
Street Address (Do NOT Use P.O. Box Number)
City State Zip
BOYNTON BEACH FL 33467

8. Name and Address of Current Registered Agent

TEDESCO, ROY S. ESQ.
980-N. FEDERAL HIGHWAY
SUITE 302
BOCA RATON, FL 33432

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **6/7/99**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director *[Signature]*

Date

Daytime Phone #

Typed or printed name of signing officer or director