

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 MAR 28 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069044

1. Corporation Name

JOE CICERI PUBLIC SERVICE, INC.

Principal Place of Business

Mailing Address

~~38736 CR 452~~
LEESBURG FL 34788

~~38736 CR 452~~
LEESBURG FL 34788



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

2. New Principal Office Address, If Applicable

39718 CR 452

3. New Mailing Office Address, If Applicable

39718 CR 452

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1999

5. FEI Number

59-366692

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Joe Ciceri	Same as above	Same as above

500003932335--2

03/30/01 01099 026

***308.75 ***308.75

8. Name and Address of Current Registered Agent

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

Joe Ciceri
REGISTERED AGENT MUST SIGN

Date

3-6-01

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 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:

Joe Ciceri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-6-01

Daytime Phone #

3526645500

CR2ED40 (800)

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Joe Ciceri Public Service
39718 CR 452
Leesburg FL 34788
352 669 5500

I am requesting a one time
waiver of the reinstatement fee.

I never received a notice to
pay fees - due to our office
location changing and not being
aware of the amount owed.

I have contacted your department
& updated them with our new
mailing address. I am also aware
of the due date of Jan. 1 to
May 1st annually and am assuring
you this error will not happen
again. I am enclosing the amount
due for 2000 + 2001.

Thank You,

Joe Ciceri