

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000050028

1. Corporation Name

DISPENZIERI, INC.

2. Principal Office Address

16844 SW 49 CT

Suite, Apt. #, etc.

City & State

Miramar

Zip

FL

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0924428

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Richard Dispensieri

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

16844 SW 49 CT.

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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

11/7/02

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
Pres	Richard Dispensieri	Same as above	
V.P.	Robin Dispensieri	Same as above	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Dispensieri

Date

11/7/02

Daytime Phone #

(954) 442-0941

## DISPENZIERI, Inc.



16844 SW 49th Court ◆ Miramar, FL 33027 ◆ USA  
Phone (954) 442-0941 ◆ Fax (305) 523-5109

November 14, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

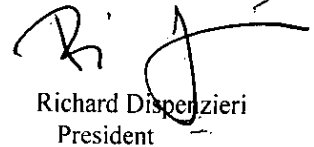
To Whom it may Concern,

This letter is to state that the Florida corporation known as Dispenzieri Inc. never received any letter or any document for renewing or keeping the Corporation current.

We also request that the penalty fee for reinstatement be waived. Enclosed please find our reinstatement form and a check for \$150.00.

Please make note of our new address and phone numbers. Thank you for your time in this matter.

Sincerely,

  
Richard Dispenzieri  
President