

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 24 AM 8:01

DOCUMENT # **V30260**

1. Corporation Name

AIELLO, INC.

Principal Place of Business

PO BOX 3113
VERO BEACH FL 32964

Mailing Address

PO BOX 3113
VERO BEACH FL 32964



REINSTATEMENT

02

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

2. New Principal Office Address, If Applicable

902 WILSHIRE CT.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

Zip

32940

Country

USA

3. New Mailing Office Address, If Applicable

5860 THUNDERBOLT

Suite, Apt. #, etc.

A1

City & State

COLUMBIA MD

Zip

21045

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1992

5. FEI Number

65-0333788

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 |
|---------------|---|--|---------------------------|
| e | AIELLO, PETER W. | 705 BOUGAINVILLE LN. | VERO BCH FL |
| P | AIELLO, ROBERT J. | 902 WILSHIRE CT. | MELBOURNE FL 32940 |
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300009667693
12/24/02--01028--004 **750.00

8. Name and Address of Current Registered Agent

AIELLO, ROBERT J
705 BOUGAINVILLE LANE
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

AIELLO, ROBERT J.

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

902 WILSHIRE CT

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32940

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

12/10/2002

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/2002

Daytime Phone #

321-253-8015

CR2E040 (8/02)