

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

2000-2001
CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -5 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 423928

1. Corporation Name

The Della Porta Group, Inc

2. Principal Office Address

3112 St. Johns Bluff Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

U.S.A.

3. Mailing Office Address

3112 St. Johns Bluff Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1973

5. FEI Number

59-1554286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Leonard, Barbara M.

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

3112 St. Johns Bluff Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

Barbara M. Leonard
REGISTERED AGENT MUST SIGN

Date 02/15/2001

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
P/D	Della Porta, Ronald C.	3112 St. Johns Bluff Road	Jacksonville, FL 32246
V/S/D	Leonard, Barbara M.	3112 St. Johns Bluff Road	Jacksonville, FL 32246
V/D	Della Porta, Alfred C.	3112 St. Johns Bluff Road	Jacksonville, FL 32246
V/D	Della Porta, Veronica M.	3112 St. Johns Bluff Road	Jacksonville, FL 32246
V	DiMare, Michael J.	3112 St. Johns Bluff Road	Jacksonville, FL 32246
D	Harsh, David M.	3112 St. Johns Bluff Road	Jacksonville, FL 32246

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:

Barbara M. Leonard

Barbara M. Leonard

02/15/2001

904-646-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)



della porta
group

Do not remove

2062

VIA OVERNIGHT MAIL

February 15, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

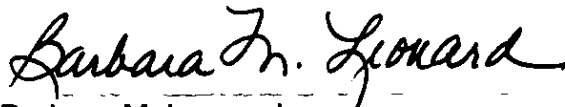
SUBJECT: The Della Porta Group, Inc.
Annual Corporate Filing

To Whom It May Concern:

Enclosed please find a corporate reinstatement form for the above referenced Florida Corporation along with a check in the amount of \$750.00 for reinstatement fees. It was brought to our attention that the 2000 return was not filed. Further investigation revealed that the original form was returned "undeliverable" because of a change from post office box to physical address.

Based on this finding we are requesting that additional reinstatement fees be waived, and that all future correspondence be addressed to the physical address shown on this letter and the reinstatement form.

Sincerely,



Barbara M. Leonard
FLMI, ACS, AIAA, AIRC
Corporate Secretary

/bml

Enclosures