

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

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1. Corporation Name

Sansone Corporation

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2. Principal Office Address

590 Goolsby Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Zip

33442

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1662481

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

David Sansone

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

590 Goolsby Blvd.

Suite, Apt. #, Etc.

City

Deerfield Beach, FL

State

FL

Zip Code

33442

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/12/01

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	David Sansone	--6697- Grande Dr. North	Boca Raton, FL 33433
VP	Nicholas Sansone	4341 NW 39 Ave.	Coconut Creek, FL 33073
VP	Scott Sansone	4570 Glenwood Dr.	Coconut Creek, FL 33066
S/T	Bonnie Sansone	691 NW 39 Ave.	Deerfield Beach FL 33442

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 807 or 817, 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 807.0401 or 817.0401, 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:

David Sansone, President 11/12/01 (954) 428-8919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #