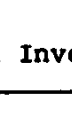


Form 16: Application for Reinstatement

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 621411					
1. Corporation Name Terry Pacetti Investments, Inc.					
Mailing Address		Principal Place of Business			
P.O. Box 618 St. Augustine, FL 32085					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		REINSTATEMENT JB-916	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Dissolved To Do Business in Florida 12/30/76	
City & State		City & State		5. FEI Number _____ Applied For ☐ Not Applicable ☒	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☒ \$875 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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
	P.D Terry W. Pacetti	Apt. 7 850 A-1-A Beach Blvd	St. Augustine, FL 32086		
			200002000592--0 -11/08/36-01071-008 ***\$975.00 ***\$975.00		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Terry W. Pacetti 850 A-1-A Beach Blvd., Apt. 7 St. Augustine, FL 32086			Name Terry W. Pacetti Street Address (P.O. Box Number is Not Acceptable) 850 A-1-A Beach Blvd, Apt. 7 Suite, Apt. #, Etc. City St. Augustine State FL Zip Code 32086		
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 <u>Jerry W. Pacetti</u> REGISTERED AGENT MUST SIGN Date _____					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box: ☐ (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for instructions on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information submitted is determined exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Jerry W. Pacetti</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					