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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Form 16: Application for Reinstatement

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 521411

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.

REINSTATEMENT 93-96

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/30/76

5. FEI Number: 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,D	Terry W. Pacetti	850 A-1-A Beach Blvd Apt. 7	St. Augustine, FL 32086

200002000592--0
-117087 96--01077--008
****975.00 ****975.00

96-11-796

8. Name and Address of Current Registered Agent

Terry W. Pacetti
850 A-1-A Beach Blvd., Apt. 7
St. Augustine, FL 32086

9. Name and Address of New Registered Agent

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: Terry W. Pacetti — Date: _____
REGISTERED AGENT MUST SIGN

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 information 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information contained is deemed 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 the 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 the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Terry W. Pacetti — Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR