

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **527332**

1. Corporation Name

PUGLIESE, INC.

Principal Place of Business

Mailing Address

12901 McGregor

12901 McGregor

Ft. Myers FL 33919

FT. Myers FL 33919

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **N/A**

Suite, Apt. #, etc. **N/A**

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3-08-77

5. FEI Number

59-2116084

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
PD	PUGLIESE, VERA	113 SW 42ND TERRACE CAPE CORAL FL 33904	900002600279-1 -07/28/98--01041--001
VD	PUGLIESE, GERALD	113 SW 42ND TERRACE CAPE CORAL FL 33904	****315.00 ****315.00

8. Name and Address of Current Registered Agent

PUGLIESE, VERA
12901 MCGREGOR BLVD.
FT. MYERS FL 33919

9. Name and Address of New Registered Agent

Name **A.B. REYNOLDS JR**
 Street Address (P.O. Box Number is Not Acceptable) **801 W. LEE LAND Hgts Blvd**
 Suite, Apt. #, Etc. **B**
 City **LEHIGH ACRES** State **FL** Zip Code **33936**

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

A.B. Reynolds Jr
 REGISTERED AGENT MUST SIGN

AB REYNOLDS JR. & ASSOCIATES, P.A.
801 W. LEE LAND HEIGHTS BLVD.
LEHIGH ACRES, FLORIDA 33936
E.L. #59-1629104
181-20-1096

Date **7-17-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

DOES NOT OWE ANY TAX
 (See other side for information on intangible tax.)

12. 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

George Pugliese

Date

6-15-98

Daytime Phone #

CR2E040 (1/98)

②

PUGLIESE, INC.
12901 MCGREGOR BLVD.
FT. MYERS, FL 33919

June 3, 1998

DIVISION OF CORPORATIONS
Gentlemen:

RE: ANNUAL FILING FEE FOR 1997-1998

By this letter I state, to the best of my knowledge, the renewal notice for the filing of our annual report for 1997 was never received.

We have made every effort to find the report in our files but to no avail.

We do desire to reinstate our corporation and enclose a fee for 1997 of \$165.00, and a fee of \$150.00 for 1998. (This as determined by phone to the reinstatement department.)

We appreciate your consideration and acceptance in this matter.

Very truly yours,

Gerald Pugliese
Vice President/Director

Gerald Pugliese

527332