

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 DEC 28 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **565301**

1. Corporation Name

ELISSA LANDI REAL ESTATE, INC.

Principal Place of Business

10989 STATE RD., #A1A
N.PALM BCH. FL 33408

Mailing Address

10989 STATE RD., #A1A
N.PALM BCH. FL 33408

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1978

5. FEI Number

59-1939529

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LANDI, ELISSA	10989 STATE RD A1A	N PALM BCH FL
			300004769859--3 01/11/02 01060 000 ***3000.00 *****750.00

8. Name and Address of Current Registered Agent

DECARION, GEORGE H.
7900 RED ROAD
SUITE 26
SOUTH MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

DOMENICK PAPARONE

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

11000 PROSPERITY FARMS RD.

Suite, Apt. #, Etc.

202

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Elissa Landi
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/27/01

11. 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:

Elissa Landi

Elissa Landi Paparone

12/27/01

561-622-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)