

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:01

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **633274**

1. Corporation Name

**MARIO LAMENDOLA, ARCHITECT, P.A.**

Principal Place of Business

Mailing Address

371 COMMERCIAL BLVD  
 NAPLES FL 34104  
 US

371 COMMERCIAL BLVD  
 NAPLES FL 34104  
 US

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

4. Date Incorporated or Qualified To Do Business in Florida

08/14/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6475382

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PT	LAMENDOLA, MARIO	371 COMMERCIAL BLVD	NAPLES FL
VP	BOLTZ, JEFFREY	371 COMMERCIAL BLVD	NAPLES FL
S	LAMENDOLA, PATRICIA	5029 31ST AVE SW	NAPLES FL

700023920857  
 10/17/03--01093--012 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMENDOLA, MARIO  
 371 COMMERCIAL BLVD  
 NAPLES FL 34104

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*SIGNATURE*

Date

REGISTERED AGENT MUST SIGN

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:

*SIGNATURE*  
 MARIO LAMENDOLA

MARIO LAMENDOLA

10/14/03 (239) 262-478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)