PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Jim Smith FOR. ĖĽĖD Secretary of State REINSTATE DIVISION OF CORPORATIONS 02 OCT 31 PM 6:08 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSES. FLORIDA PORT CHARLOTTE LODGE #2507 ORDER OF THE SONS OF ITALY IN AMERICA, INCORPORATED Princip Place of Business Mailing Address 3725 EASY T 3725 EASY ST PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 US 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 Date Incorporated or Qualified
To Do Business in Florida 03/07/1983 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0383551 City & State _ City & State - -Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zip 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director FSD ZAMPERINI, MARY 3300 LOVELAND BLVD #1704 PT CHARLOTTE FL 33952 Lanzellotto, Rose 3234 Sunrise Terrace TD APICE: ROSEMARIE PT CHARLOTTE FL 33952 13531-GOODRIDGE AVE NE Marinelli, Angelo 2145 Olean Blvd #U316 PD MARROCCIO, JOSEPH 1621 BIRCHCREST BLVD. PORT CHARLOTTE FL 33952 **VPD** LOPIETRO, BOB-525 SPRUCE ST PORT CHARLOTTE FL 33953 Apice, Rosemarie 13531 Goodrich St. **RSD** YAMMARINO, HELEN 22164 DEBORAH AVE PT. CHARLOTTE FL 33952 <u>600008735096</u> 10/31/02--01119--002 **61.25 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MARRYOTT, THOMAS D. Joseph Marroccio Street Address (P.O. Box Number is Not Acceptable) FIRST NATIONAL BANK BUILDING CR2E040 1621 Birchcrest Blvd. SUITE 408 Suite, Apt. #, Etc. PUNTA GORDA FL 33950 Zip Code State Port Charlotte 33952 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 Ager

REGISTERED AGENT MUST SIGN

Date _10/24/02

11. I certify that 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

10/29102 941-764-9003 Date Daytime Phone #

KREHER & ASSOCIATES

BUSINESS SERVICES

2000 Tamiami Trail Unit 207-B Port Charlotte, FL 33948 (941) 625-7280 Fax (941) 625-0754

October 29, 2002

Department of State Re: Order of Sons of Italy #2507 Fei#65-0383551

We are responding to the letter of revocation for this corporation.

The annual report was timely filed on July 9, 2002. Check number 2997 for \$70.00 was sent with the report. As of this date, the check has not been cashed.

We are resubmitting the report and a check for \$61.25.

If there are any questions, please contact me.

Thank you,

Lisa Tierney

Accountant

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