

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 JUN 25 AM 11:07

DOCUMENT # 770130

1. Corporation Name

ORDER SONS OF ITALY IN AMERICA
CHARLES J. BONAPARTE LODGE # 2504

REINSTATEMENT

02-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

728 SE 44th Street

Suite, Apt. #, etc.

3. Mailing Office Address

728 SE 44th Street

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33904

Country

USA

City & State

Cape Coral, FL

Zip

33904

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/7/83

5. FEI Number

59-2784718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LINDA BIONDI

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

728 SE 44th Street

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Linda Biondi

REGISTERED AGENT MUST SIGN

Date 6-20-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NICHOLAS NAPOLITANO	117 SE 13th AVENUE	CAPE CORAL, FL 33990
VP	SALVATORE COSSENTINO	12590 APOPKA COURT	N. FORT MYERS, FL 33903
T	LINDA BIONDI	728 SE 44th Street	CAPE CORAL, FL 33904
S	JOYCE BAYUK	19868 CYPRESS WOOD CT.	N. FORT MYERS, FL 33903

10. 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 contained in Chapter 119, 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:

Linda Biondi, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/07

Date

239-549-4972

Daytime Phone #