

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 19 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000812

1. Corporation Name

Gioffre Companies, Inc.

2. Principal Office Address

6262 Eiterman Road

Suite, Apt. #, etc.

City & State

Dublin, Ohio

Zip

43016

Country

Franklin

3. Mailing Office Address

6262 Eiterman Road

Suite, Apt. #, etc.

City & State

Dublin, Ohio

Zip

43016

Country

Franklin

01-21-03 90600 013 \$150.00  
03-30-04 01021 013 \$158.75

4. Date Incorporated or Qualified  
To Do Business in Florida

February 11, 2002

5. FEI Number

31-1683747

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code  
32301

REINSTATEMENT

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

*[Signature]*

Jeanine Reynolds  
Asst. Secretary

Date

4-19-04

REGISTERED AGENT MUST SIGN

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	Anthony Gioffre	6262 Eiterman Road	Dublin, Ohio 43016
V/T/S	John Gioffre	6262 Eiterman Road	Dublin, Ohio 43016

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 under section 119.07(3)(l), 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]*

John Gioffre, Vice President 3/23/04 614-764-0032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

45



March 24, 2004

Florida Department of State  
Divisions of Corporations  
P. O. Box 7327  
Tallahassee, Florida 32314

To Whom It May Concern:

Last year (2003), Gioffre Companies, Inc. forwarded a check to your division for \$150.00 for the year 2003. We did not receive any notices from the State of Florida and assumed all was in proper order. When Gioffre called this year to check on our status, it was brought to our attention that we had a problem. The check for 2003 was cashed by the State of Florida. We are filing for reinstatement for 2004 and are also requesting a certificate of status. In doing so, Gioffre is forwarding a check for \$158.75. This represents a \$150.00 fee for filing and \$8.75 for a status certificate. We are also asking the State of Florida to waive all late fees based on our 2003 check being cashed and not receiving any notice.

Please forward all further correspondence to our mailing address on the attached reinstatement form.

Sincerely,

GIOFFRE COMPANIES, INC.

A handwritten signature in black ink that reads 'John Gioffre V.P.' The signature is fluid and cursive, with the initials 'V.P.' written in a slightly larger, more distinct script at the end.

John Gioffre,  
Vice President/CFO

Encl.