

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 19 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005196

1. Corporation Name

LaRocco Management, Inc.

76 Sixth Street
1212 Druid Knoll Drive

2. Principal Office Address

76 Sixth Street

3. Mailing Office Address

1212 Druid Knoll Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30303

Country

USA

Zip

30319

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/16/02

5. FEI Number

58-2289633

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Anthony LaRocco

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

13 Cahaba Lane

Suite, Apt. #, Etc.

City

Destin

State
FL

Zip Code
32541

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

REGISTERED AGENT MUST SIGN

Date

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 LaRocco	13 Cahaba Lane	Destin, FL 32541

10. I certify that I am an officer or director of 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

Anthony LaRocco

11/18/04 850-650-4144

Date

Daytime Phone #

CR2ED01 (01/04)