


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 JAN 13 PM 1:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F93000004035

1. Corporation Name
 Giuliani Associates, Inc.

2. Principal Office Address 820 ALBEE Rd. Suite, Apt. #, etc. #6		3. Mailing Office Address PO. Box 1769 Suite, Apt. #, etc.	
City & State Nokomis, FL		City & State Nokomis, FL	
Zip 34275	Country USA	Zip 34274	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/3/93	Applied For Not Applicable
5. FEI Number 22 2278582	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Phillip J. Jones	800010059278
Street Address (P.O. Box Number is Not Acceptable) 18501 Rundock Circle, 6th Floor	01/13/03--01086--005 **900.00
Suite, Apt. #, Etc.	01/13/03--01086--005 **900.00
City Port Charlotte,	800010059278
State FL	01/13/03--01086--005 **8.75
Zip Code 33948	

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 _____ Date 1-6-03

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
Pres.	Joseph A. Giuliani	820 ALBEE Rd. #6	Nokomis, FL. 34275

REINSTATEMENT 01/4/02

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)(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: J.A. Giuliani Date 941-4857226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

T. Lewis 1/16/03

CR2E081 (9/01)