

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:06

DOCUMENT # F93000004584

1. Corporation Name

CucciA Incorporated

2. Principal Office Address

1302 Maplewood Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1302 Maplewood Drive

Suite, Apt. #, etc.

City & State

Greenacres, Florida

City & State

Greenacres, Florida

Zip  
33415

Country

United States

Zip  
33415

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/1993

5. FEI Number

650427877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-05**

**7. Name and Address of Current Registered Agent**

Name

Anthony Cuccia

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

1302 Maplewood Drive

Suite, Apt. #, Etc.

City

Greenacres

State

FL

Zip Code

33415

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

Anthony Cuccia

REGISTERED AGENT MUST SIGN

Date

March 21, 2005

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
President	Anthony Cuccia	1302 Maplewood Drive	Greenacres, Florida 33415

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:

Anthony Cuccia / Anthony Cuccia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 21, 2005 561-723-4452

Daytime Phone #

CR2E031 (01/05)

2 of 2

# **Cuccia Incorporated**

**1302 Maplewood Drive  
Greenacres, Florida 33415  
561-723-4452-Office/Mobile  
561-478-4364-Fax**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314  
[Http://www.sunbiz.org](http://www.sunbiz.org)  
(850) 245-6059

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March 21, 2005

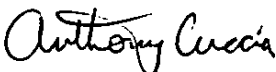
Dear Reinstatement section.

I am writing this letter to inform you that I would like to reinstate my corporation in the State of Florida. I would like the \$600.00 fee waived due to your office sending the 1999 form for my annual report to the incorrect address which you have on file listed as 4988 Sable Pine Circle Apt B-1 West Palm Beach, Florida 33417. I have not conducted business there since 1998 and therefore never received the form at my new address. My correct address is listed as 1302 Maplewood Drive Greenacres, Florida 33415.

I have attached a check for \$ 1,050.00 to cover the annual report fees from 1999 to 2005 currently. I appreciate your assistance and look forward in having this matter resolved as soon as possible.

Thank you again and have a great day.

Sincerely Yours,



Anthony Cuccia  
President of Cuccia Incorporated.