

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002472**

1. Corporation Name

**CONDESCO CORPORATION**

Principal Place of Business

Mailing Address

22444 FOUNTAIN LAKES BLVD  
ESTERO FL 33928

22444 FOUNTAIN LAKES BLVD  
ESTERO FL 33928

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1996

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	OCCHIOGROSSO, JAMES J	22444 FOUNTAIN LAKES BLVD	ESTERO FL

700023749357  
10/13/03--01058--023 \*\*150.00

8. Name and Address of Current Registered Agent

OCCHIOGROSSO, JAMES J.  
22444 FOUNTAIN LAKES BLVD  
ESTERO FL 33928

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*James Occhiogrosso*  
REGISTERED AGENT MUST SIGN

Date Oct 9, 2003

11. 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:

*James Occhiogrosso, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 9, 2003 239-498-1546  
Daytime Phone #

CR2E040 (7/03)

# ***Condesco Corporation***

22444 Fountain Lakes Blvd.  
Voice: 941-498-1546

Estero, FL 33928  
Fax: 941-498-1548

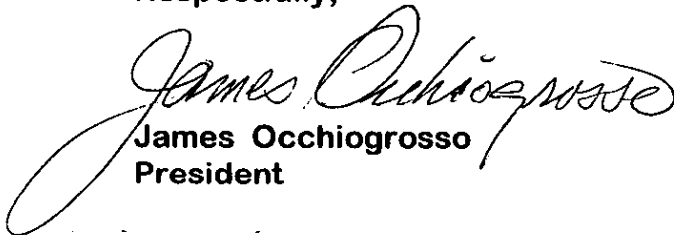
October 9, 2003

Florida Department of State  
To whom it may concern:

Enclosed is application for reinstatement, along with a check for \$150.00.

Please waive the filing penalty fee as this is the first and only notice we have received on this matter.

Respectfully,



James Occhiogrosso  
President