

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -6 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G02891**

1. Corporation Name

DARK AGES, INC.

Principal Place of Business

PINE RIDGE SOUTH CONDO
PINE HOV CRL. BLDG. 203. APT. D-2
LAKE WORTH FL 33463

Mailing Address

601 NEW BRUNSWICK AVENUE
PO BOX 333
RAHWAY NJ 07065-0333

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

2. New Principal Office Address, If Applicable

512 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

BOYNTON BEACH

City & State

FLORIDA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

#33435

Country

USA

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1982

5. FEI Number

59-2246022

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CHECHE, PETER V., SR.	601 NEW BRUNSWICK AVENUE	RAHWAY NJ 07065
ST	LONGO, JAMES	601 NEW BRUNSWICK AVENUE	RAHWAY NJ 07065
			300008819273 11/06/02--01033--013 **750.00
			300008819273 11/06/02--01033--014 **8.75
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

CHECHE, PETER V., SR.
PINE RIDGE SOUTH CONDOMINIUMS
PINE HOV CIRCLE, BLDG. 203, APT. D-2
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

PETER V. CHECHE, SR.

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

512 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

BOYNTON BEACH,

State

FL

Zip Code

33435

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

[Signature] SIGNATURE REQUIRED

Date 10-30-02

REGISTERED AGENT MUST SIGN

PETER V. CHECHE, SR.

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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER V. CHECHE, SR.

10-30-02

Date

Daytime Phone #

(732) 388-3540

CR2E040 (8/02)