

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

11 APR -4 AM 8:57

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G 67670**

1. Corporation Name

**A. CHARLES SPALLITTA, P.A.**

**100196731351**  
03/03/11--01033--019 \*\*300.00

**100196731351**  
03/03/11--01033--018 \*\*150.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

**2719 DRACAENA CT**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**DELRAY BEACH FL**

City & State

**SAME**

Zip

**33445**

Country

Zip

**33445**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11-3-1983**

5. FEI Number

**59-2603206**

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**SPALLITTA, A. CHARLES PRES.**

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

**2719 DRACAENA CT.**

Suite, Apt. #, Etc.

City

**DELRAY BEACH**

State

**FL**

Zip Code

**33445**

**REINSTATEMENT**

**100196731351**  
04/04/11--01053--003 \*\*500.00

*4/4/11*

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

*A. Charles Spallitta*

Date **2/22/11**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| DP     | SPALLITTA, A. CHARLES                | 2719 DRACAENA CT                                  | DELRAY BEACH, FL 33445 |
| S      | SPALLITTA, BELLE                     | 2719 DRACAENA CT                                  | DELRAY BEACH, FL 33445 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

10. E-mail Address: **CSPALL@COMCAST.NET**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*A. Charles Spallitta*

**2/22/11**

**1561-272-4283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #