

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 18, 2007 8:00 A.M.
Secretary of State

DOCUMENT # G83130

1. Corporation Name

James V. Caltagirone & Associates, P.A.

LY
12-19-07

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

111 South Moody Avenue

3. Mailing Office Address

111 South Moody Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1984

5. FEI Number

592563117

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

James V. Caltagirone

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

111 South Moody Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

James V. Caltagirone

Date 12-14-07

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
DP	James V. Caltagirone	111 South Moody Avenue	Tampa, FL 33609

388113217883
12/18/07-01011-016 **\$600.00

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 contained in Chapter 119, 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 V. Caltagirone

12-14-07 (813) 251-3341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #