#2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
96 NOV 25 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H07979

1. Corporation Name
ANTHONY E. Pucillo, P.A.

Principal Place of Business	Mailing Address
222 PICCADILLY ST STE 100 W PALM BEACH FL 33407	222 PICCADILLY ST STE 100 W PALM BEACH FL 33407

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

REINSTATEMENT 9596

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
12795 WILDERNESS DR	12795 WILDERNESS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BCH GARDENS FL	City & State: PALM BCH GARDENS FL
Zip: 33418 Country: Palm Bch	Zip: 33418 Country: Palm Bch

4. Date Incorporated or Qualified To Do Business in Florida: 06/14/84

5. FEI Number: 59-2415425 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $ [redacted]

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	PUCILLO, ANTHONY E.	~~222 PICCADILLY ST #100~~ 12795 WILDERNESS DR	~~W PALM BEACH FL~~ PALM BEACH GARDENS FL 33418

500002017125--7
-12/02/96--01041--017
*****575.00 *****575.00

8. Name and Address of Current Registered Agent

PUCILLO, ANTHONY E.
12795 WILDERNESS DR
PALM BCH GARDENS
FL 33418

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.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date: 11/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this reinstatement application.