

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -1 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H07979**

1. Corporation Name

**Anthony E. Pucillo, P.A.**

**REINSTATEMENT** 00-03

2. Principal Office Address

**12795 Wilderness Drive Same**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Palm Beach Gardens, FL**

City & State

Zip

Country

**33418 USA**

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

**6/14/1984**

5. FEI Number

**59-2415425**

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

**Anthony E. Pucillo, Deceased by Shirley Pucillo,  
12795 Wilderness Drive PERSONAL REPRESENTATIVE**

Suite, Apt. #, Etc.

City

**Palm Beach Gardens**

State

**FL**

Zip Code

**33418**

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

**Shirley M. Pucillo, Personal Representative**

Date **6/18/03**

REGISTERED AGENT MUST SIGN

**State of Anthony E. Pucillo**

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
<b>D</b>	<b>Shirley M. Pucillo</b>	<b>12795 Wilderness Dr. Palm Beach Gardens, FL</b>	<b>33418</b>

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 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:

**Shirley M. Pucillo, Personal Representative 6/18/03 561-655-6025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**State of Anthony E. Pucillo**

Date

Daytime Phone #

CR2E081 (10/02)

9/7/03

IN THE CIRCUIT COURT FOR PALM BEACH COUNTY,  
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

ANTHONY E. PUCILLO

Deceased.

File No.: CP-02-84-IP

Division: Probate

3 LETTERS OF ADMINISTRATION  
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Anthony E. Pucillo, a resident of Palm Beach County, Florida, died on December 13, 2001, owning assets in the State of Florida, and

WHEREAS, Shirley M. Pucillo has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Shirley M. Pucillo duly qualified under the laws of the State of Florida to act as personal representative of the estate of Anthony E. Pucillo, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on Jan 10, 2002.



STATE OF FLORIDA PALM BEACH COUNTY  
I hereby certify that the foregoing is a  
true copy as filed in my office and the  
same is in full force and effect.

This 10<sup>th</sup> day of Jan, 2002  
DOROTHY H. WILKEN  
CLERK OF CIRCUIT COURT

By Shirley M. Pucillo  
Deputy Clerk - Probate Division

HONORABLE MARY LUPO  
Circuit Judge