

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



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

1997 OCT -9 AM 11: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H75376**

1. Corporation Name  
**ANTHONI Di Conti, Inc**

Principal Place of Business Mailing Address  
**968 Allamanda Dr.  
Delray Beach FL 33483**

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

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida  
**OCT 10, 1985**

5. FEI Number  
**592614987**

6. CERTIFICATE OF STATUS DESIRED  SB 75 Amendment for counties for a Certificate of Status

Applied For  
Not Applicable

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
Pres	ANTHONY Conde	968 Allamanda Dr	Delray Beach FL 33483

**REINSTATEMENT** *9/28/97*

000002317460---0  
-10/10/97--01073--027  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Anthony Conde 968 Allamanda Dr. Delray Beach Fl. 33482		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	

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: *[Signature]* Date: **OCT 3, 1997**

REGISTERED AGENT MUST SIGN

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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]* Date: **OCT 3, 1997** Daytime Phone #: **561-274-2188**

Signature and Typed or Printed Name of Signing Officer or Director: **Anthony Conde, President**