

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -2 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J63027

1. Corporation Name

J. PASSALACQUA, INC.

Principal Place of Business

4201 N OCEAN DR. STE 603
HOLLYWOOD FL 33019

Mailing Address

4201 N OCEAN DR. STE 603
HOLLYWOOD FL 33019

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1987

5. FEI Number

65-0161774

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PSTD	PASSALACQUA, JOHN F.	4201 N OCEAN DR, STE 603	HOLLYWOOD FL 33019

000004733120--2
-12/19/01--01058--023
****150.00 ****150.00

8. Name and Address of Current Registered Agent

PASSALACQUA, JOHN
4201 N OCEAN DR, STE 603
HOLLYWOOD FL 33019

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

John Passalacqua
REGISTERED AGENT MUST SIGN

Date 10-15-01

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., 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:

John Passalacqua
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Passalacqua

Date

10-15-01

Daytime Phone #

(954)

925-0319

CP2E040 (8/01)

2 of 2

John Passalacqua, Inc.
4201 North Ocean Drive – Apt. 603
Hollywood, Florida 33019

October 31, 2001

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: ANNUAL REPORT DOC# 163027 for "John Passalacqua, Inc."
F.E.I # 65-0161774

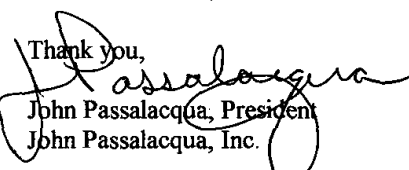
Gentlemen:

This is to request a waiver of the \$ 600.00 reinstatement fee because we never received the uniform business report.

My prior correspondence may have left you with the impression that we had received the above UBR, and we were objecting to paying the reinstatement fee solely because we had not received the "first notice". In fact, we never received anything but the "application for reinstatement".

Based upon the above facts, we are enclosing herewith our check # 379, dated 10/15/01, in the amount of \$ 150.00 and our completed application for reinstatement form.

Thank you,


John Passalacqua, President
John Passalacqua, Inc.