

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT #

187989

1. Corporation Name

J.C. Cerrone Inc.

Principal Place of Business

Mailing Address

6555 NW 9 Ave  
Suite 201  
Fort Lauderdale, Florida 33309

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

August 1987

5. FEI Number

59-2828099

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	Joseph C Cerrone III	2541 NE 47 Street Lighthouse Pt.	2541 NE 47 Street Lighthouse Pt., FL 33064
T	Joseph C Cerrone III	2541 NE 47 Street	Lighthouse Point, FL 33064
S	Joseph C Cerrone III	2541 NE 47 Street	Lighthouse Pt., FL 33064

T.S. 7/27 97-98 AR

8. Name and Address of Current Registered Agent

Joseph C Cerrone III  
2541 NE 47 Street  
Lighthouse Point, Florida 33064

REINSTATEMENT

Address of New Registered Agent

Name  
Robert Leonard  
Street Address (P.O. Box Number is Not Acceptable)  
633 S Andrews Ave  
Suite, Apt. #, Etc.  
Suite 402  
City  
Ft. Lauderdale  
State  
FL  
Zip Code  
33301

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

27 July 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/98  
Date

954-771-5567  
Daytime Phone #