


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT 31 AM 10:12 10/3	
DOCUMENT # K04397					
1. Corporation Name LOUIS J. SPACCIO & ASSOCIATES, INC.					
Principal Place of Business 1801 SO HARBOR CITY BLVD STE 710 MELBOURNE FL 32901 US		Mailing Address 1801 SO HARBOR CITY BLVD STE 710 MELBOURNE FL 32901 US			
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		4. Date Incorporated or Qualified To Do Business in Florida 11/30/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2862876	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
DPT	SPACCIO, LOUIS J., JR	911 TOLUCA STREET, SE	PALM BAY FL		
S	SPACCIO, DAWN	911 TOLUCA STREET, SE	PALM BAY FL		
				500002349665--1	
				-11/17/97--01154--024	
				****750.00 ****750.00	
8. Name and Address of Current Registered Agent SPACCIO, LOUIS J., JR. 1801 S HARBOR CITY BLVD STE 710 MELBOURNE FL 32951			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 <i>Louis J. Spaccio</i> Date 10/28/97 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>Louis J. Spaccio</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10/28/97. 407-951-0157 Date Daytime Phone #		

CR-2040 (8/97)