

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 # K39126

1. Corporation Name

DEPINTO PLASTERING, INC.

W98-25487

Principal Place of Business

1827 TRADE CENTERWAY
#1
NAPLES FL 34109
US

Mailing Address

1827 TRADE CENTER WAY
#1
NAPLES FL 34109
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1988

5. FEI Number

65-0080097

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
PD	DEPINTO, VITO	515 99TH AVENUE NORTH	NAPLES FL
V	DEPINTO, SAVERIO	515 99TH AVENUE NORTH	NAPLES FL

REINSTATEMENT

97-98
92 11-2 98

8. Name and Address of Current Registered Agent

PAULICH, JOHN, III
PAULICH, O'HARA & SLACK, P.A.
3401 TAMiami TRAIL NO., STE. 207
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name
Jon D. Parrish
Street Address (P.O. Box Number is Not Acceptable)
PaRrish & Moore, P.A.
Suite, Apt. #, Etc.
2171 Pine Ridge Road, Ste. D
City
Naples
State
FL
Zip Code
34109

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/98

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/98

Daytime Phone #

566-2505



FILED

98 NOV 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/97)