PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # L53518

1. Corporation Name

DiSalvo and Sons II, Inc.

2. Principal Office Address	3. Mailing Office Address
4190 N. 46th Avenue	10973 SW 37th Manor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Davie, FL
Zip: 33021 Country: USA	Zip: 33328 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/26/90

5. FEI Number: 650183542 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Steve DiSalvo

Street Address (P.O. Box Number is Not Acceptable): 10973 S.W. 37th Manor

Suite, Apt. #, Etc.:

City: Davie State: FL Zip Code: 33328

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 3/14/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDS	Steve DiSalvo	10973 S.W. 37th Manor	Davie, FL 33328
DT	Antoinietta DiSalvo	4190 N. 46th Avenue	Hollywood, FL 33021

REINSTATEMENT 2000-01

10. 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 quality 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: _____ 3/14/01 (954) 651-1542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #