


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 # M16272	

1. Corporation Name
RALPH DELLA-PIETRA INC.

Principal Place of Business 1835 CLYDESDALE DRIVE LOXAHATCHEE FL 33470 US	Mailing Address 1835 CLYDESDALE DRIVE LOXAHATCHEE FL 33470 US
---	---

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

2. New Principal Office Address, If Applicable 1400 Alabama Ave. Suite, Apt. #, etc. Ste. #1 City & State West Palm Beach 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 06/03/1985	
5. FEI Number 59-2554716	Applied For <input type="checkbox"/> Not Applicable
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
PSD	DELLA-PIETRA, RALPH	1835 CLYDESDALE DR.	LOXAHATCHEE FL 33470
			200002504332--2 -04/29/98--01008--005 ****750.00 ****750.00
			200002504332--2 -04/29/98--01008--006 ****150.00 ****150.00

REINSTATEMENT

97-08
4/24/98

8. Name and Address of Current Registered Agent

**DELLA-PIETRA, RALPH
1835 CLYDESDALE DR.
LOXAHATCHEE FL 33470**

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  REGISTERED AGENT MUST SIGN

Date

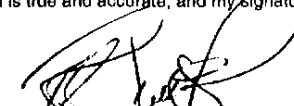
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

 **Ralph Della-Pietra**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/98
Date

561-833-7141
Daytime Phone #

CR25040 (8/97)