

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000003352

1. Corporation Name

MISSIONARIES WITHOUT BOUNDARIES, INC.

Principal Place of Business

21068 HOLDEN AVE  
PORT CHARLOTTE FL 33052

Mailing Address

21068 HOLDEN AVE  
PORT CHARLOTTE FL 33052

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

2. New Principal Office Address If Applicable

~~21068 Holden Ave~~

Suite, Apt. #, etc.

21068 Holden Ave

City & State

Port Charlotte FL

Zip  
33952

Country

3. New Mailing Office Address, If Applicable

~~21068 Holden Ave~~

Suite, Apt. #, etc.

21068 Holden Ave

City & State

Port Charlotte FL

Zip  
33952

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/2002

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Owner	Denise Cocilo	21068 Holden Ave	Port Charlotte FL 33952
Executive Director	Carl Cocilo	21068 Holden Ave	Port Charlotte FL 33952
Director	Alfred Scali	21068 Holden Ave	Port Charlotte FL 33952

700023747117  
10/13/03--01054--008 \*\*70.00

8. Name and Address of Current Registered Agent

COCILO, DENISE  
21068 HOLDEN AVE  
PORT CHARLOTTE FL 33052

9. Name and Address of New Registered Agent

Name

Denise Cocilo

Street Address (P.O. Box Number is Not Acceptable)

21068 Holden Ave

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Denise Cocilo*

REGISTERED AGENT MUST SIGN

Date 10-8-03

11. 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:

*Denise Cocilo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-03

Daytime Phone #

629 7161

CR2E040 (7/03)

Denice Cocilo  
Director of Missionaries without Boundaries, Inc.  
21068 Halden Ave.  
Port Charlotte, Fl 33952

October 10, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

To Whom It May Concern:

I am writing this letter pertaining to our phone conversation on October 9<sup>th</sup>, 2003. My husband who is now out of country contacted me last evening. He verified with me that the prior UBR notices were not received. Therefore, I am asking that reinstatement fee be waived. The corporation did not receive the two prior uniform business report notices.

Thank you in advance for allowing me to file late. From this time forward I will file between January and May of the next year.

Sincerely your,

A handwritten signature in cursive script that reads "Denice Cocilo". The signature is written in dark ink and is positioned below the typed name.

Denice Cocilo