

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -6 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/27/02--01059--003
*****900.00 *****900.00

DOCUMENT # P00000011166

1. Corporation Name

Peacock Commerce Association, Inc.

REINSTATEMENT 01-02

2. Principal Office Address

11161 Heron Bay Blvd #4316

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

4316

Suite, Apt. #, etc.

new address

City & State

Coral Springs, Fl.

City & State

Zip

33076

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 1, 2000

5. FEI Number

65-0980475

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Robilio

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

11161 Heron Bay Blvd

Suite, Apt. #, Etc.

Apt 4316

City

Coral Springs

State

FL

Zip Code

33076

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/29/02

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 |
|--------------|--------------------------------------|---|-------------------------|
| P | John Robilio | 11161 Heron Bay Blvd #4316 | Coral Springs, Fl 33076 |
| Sec Tres. | Darlene Robilio | 11161 Heron Bay Blvd #4316 | Coral Springs, Fl 33076 |
| m | Joe Robilio | 11161 Heron Bay Blvd #4316 | Coral Springs, Fl 33076 |
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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 qualify for an exemption under section 119.07(3)(f), 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]

Darlene Robilio

4/29/02

575-1679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CN2E001 (9/01)