

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS
04 MAY 12 PM 12:08

DOCUMENT # P00000032296

1. Corporation Name

DIFILIPPO ENTERPRISES, INC.

215 SEASPRAY AVENUE

2. Principal Office Address

215 SEASPRAY AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

Zip

33480

Country

PALM BEACH

Zip

Country

REINSTATEMENT 01-04
ap

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/29/00

5. FEI Number
20-1099751

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

RICHARD DIFILIPPO

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

215 SEASPRAY AVENUE

Suite, Apt. #, Etc.

City

PALM BEACH

State
FL

Zip Code
33480

700037048257
05/24/04--01088--015 **120.00

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 5/14/04

REGISTERED AGENT MUST SIGN

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
D, P	NANDO DIFILIPPO	381 S. LAKE DRIVE, APT. 9	PALM BEACH, FL 33450
S	RICHARD DIFILIPPO	215 SEASPRAY AVENUE	PALM BEACH, FL 33480

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)(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:

RICHARD DIFILIPPO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/04

(561) 649-4545

Daytime Phone #

CR2E081 (01/04)