PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 12:28

DOCUMENT # P00000032483

1. Corporation Name

THE CASCIOLA COMPANIES, INC.

Principal Place of Business	Mailing Address
4325 RIVERVIEW BOULEVARD BRADENTON FL 34209	4325 RIVERVIEW BOULEVARD BRADENTON FL 34209

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/30/2000

5. FEI Number: 65-0995308 ☐ 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
D	CASCIOLA, PHILIP	4325 RIVERVIEW BOULEVARD	BRADENTON FL 34209

300004658163--0
-10/29/01--01102--025
****758.75 ****758.75

8. Name and Address of Current Registered Agent

CASCIOLA, PHILIP
4325 RIVERVIEW BOULEVARD
BRADENTON FL 34209

9. Name and Address of New Registered Agent

Name: Casciola, Philip
Street Address (P.O. Box Number is Not Acceptable): 4325 Riverview Blvd.
Suite, Apt. #, Etc.:
City: Bradenton State: FL Zip Code: 34209

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: _____ Philip Casciola _____ (941) 753-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AV