

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC -8 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000038384**

1. Corporation Name

LOUIS PIOMBINO REAL ESTATE SALES, INC.

Principal Place of Business

Mailing Address

% LOUIS PIOMBINO
560 JOANNE LANE
PORT ST. LUCIE FL 34952

% LOUIS PIOMBINO
560 JOANNE LANE
PORT ST. LUCIE FL 34952



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

513 SW TREASURE
Suite, Apt. #, etc. CV

3. New Mailing Office Address, If Applicable

513 SW TREASURE
Suite, Apt. #, etc. CV

4. Date Incorporated or Qualified
to Do Business in Florida

04/10/2000

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

5. FEI Number

65-0991028

Applied For

Not Applicable

Zip 34986 Country US

Zip 34986 Country US

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
P	PIOMBINO, LOUIS	560 JOANNE LANE	PORT SAINT LUCIE FL 34952

300024808629
11/18/03--01065--006 **150.00

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

PIOMBONO, LOUIS
% THE TAX SHOPPE
560 JOANNE LANE
PORT SAINT LUCIE FL 34952

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

CR2E040 (7/03)

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

SIGNATURE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 11/15/03

paper

THE TAX SHOPPE

**932 SW Bayshore Blvd
Port St. Lucie, FL 34983**

(772) 879-2895

(772) 879-2894 Fax

Email: TaxShopeFla@AOL.COM

November 12, 2003

Florida Department of State

Division of Corporations

~~P.O. Box 6327~~

Tallahassee, FL 32314

Re: P00000038384 – Louis Piombino Real Estate Sales Inc.

Dear Sirs:

Enclosed you will find a check in the amount of \$150 for payment of the Annual Report.

As you can see, the address had changed but was not delivered until recently. The corporate officers were not aware of the status of the corporation until they finally received this document.

Please process this paperwork and contact our office or the corporation directly if you have any questions.

Sincerely,

Joe Edge

The Tax Shoppe