

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 24 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042058

1. Corporation Name

Joe Ciraco Flooring, Inc.

201-2003
4587

2. Principal Office Address

717 SE 30th ave.

Suite, Apt. #, etc.

3. Mailing Office Address

717 SE 30th ave.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34471

Country

marion

Zip

34471

Country

marion

4. Date Incorporated or Qualified
To Do Business in Florida

4-26-00

5. FEI Number

651006034

Applied For

Net 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

Joe Ciraco

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

717 SE 30th ave

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

Joe Ciraco

REGISTERED AGENT MUST SIGN

Date 3-18-03

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

✓

mildred Ciraco

717 SE 30th ave

Ocala FL 34471

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: *Joe Ciraco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-18-03 352-732-8309

Daytime Phone #

CR2E081 (10/02)

20f2

717 se 30 th Ave.

Ocala, fl. 34471

(352)732-8309

Division of Corporations

PO box 6327

Tallahassee Fl. 32314

To Whom It May Concern:

I do not believe that I should be held accountable for reinstatement fees because I did not receive the original paperwork to fill out and return. Some how the address was incorrect on the papers and they never got to me.

I have enclosed a payment in the amount of \$450.00 per the telephone conversation I had with Ms. Peterson.

Now that the address is correct I am sure that it will not happen again.

Thank You

Joe Ciraco Flooring Inc.
