

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000043650 1. Entity Name PIERGIOVANNI ENTERPRISES, INC.						FILED 05 OCT 14 PM 7:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7581 CAPE SAN BLAS ROAD PORT ST JOE, FL 32456				Mailing Address 7581 CAPE SAN BLAS ROAD PORT ST JOE, FL 32456			
2. Principal Place of Business		3. Mailing Address				 REINSTATEMENT 2005 10112005 REINP CR2E098 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
4. FEI Number 59-2404066						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						REINSTATEMENT 2005 10112005 REINP CR2E098 (6/04)	
6. Name and Address of Current Registered Agent							
PIERGIOVANNI, DALE 7581 CAPE SAN BLAS ROAD PORT ST JOE, FL 32456							
7. Name and Address of New Registered Agent							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						REINSTATEMENT 2005 10112005 REINP CR2E098 (6/04)	
SIGNATURE: <u>DALE PIERGIOVANNI</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
(NOTE: Registered Agent signature required when reinstating)							
DATE: <u>10-11-05</u>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERGIOVANNI, DALE 7581 CAPE SAN BLAS ROAD PORT ST JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900060630869 10/14/05--01064--004 ***150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERGIOVANNI, DALE A 7583 CAPE SAN BLAS ROAD PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIERGIOVANNI, DEAN C 7577 CAPE SAN BLAS ROAD PORT ST JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>DALE PIERGIOVANNI</u> <u>DALE PIERGIOVANNI</u> <u>10-11-05</u> <u>850-329-6747</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							