

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC -8 AM 10:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P00000046149**

1. Corporation Name

REUSCA ENTERPRISES, INC.

Principal Place of Business

**4504 BLUE TEE CT., #70
TAMPA FL 33613**

Mailing Address

**4504 BLUE TEE CT., #70
TAMPA FL 33613**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4503 BLUE TEE CT. #58

Suite, Apt. #, etc.

4503 BLUE TEE CT. #58

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33613

Country

US

Zip

33613

Country

US

REINSTATEMENT 03

05/05/2000

5. FEI Number

59-3645299

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
PD	DI MELLA, AREANGELO H	4504 BLUE TEE CT., #70	TAMPA FL 33613
STD	GONZALEZ, OSCAR	4504 BLUE TEE CT., #70	TAMPA FL 33613
PD	DI MELLA, ARCANGELO H	4503 BLUE TEE CT., #58	TAMPA, FL 33613
STD	GONZALEZ, OSCAR	4503 BLUE TEE CT., #58	TAMPA FL 33613

900025330339
12/08/03--01076--019 **750.00

8. Name and Address of Current Registered Agent

GONZALEZ, OSCAR

4504 BLUE TEE CT., #70

TAMPA FL 33613

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

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

Oscar Gonzalez

REGISTERED AGENT MUST SIGN

Date **12/05/03**

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:

Oscar Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/5/03

CR2E040 (7/03)