

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

FILED

01 DEC 21 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053978

1. Corporation Name

K. CERULLO ENTERPRISES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

400 CHASE STREET
PENSACOLA FL 32503

400 CHASE STREET
PENSACOLA FL 32503

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CERULLO, KARL T	3230 SW ARCHER ROAD APT C-111	GAINESVILLE FL 32608

700004883017--1
-02/06/02--01042--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CERULLO, THOMAS C
C/O COPELANDS
400 CHASE STREET
PENSACOLA FL 32503

Name

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

400 East Chase St.

Suite, Apt. #, Etc.

City

State

Zip Code

Pensacola

FL

32503

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

[Signature]

Date

11/20/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/01

Daytime Phone #

CR2ED40 (8/01)

LAW OFFICES

Thomas C. Cerullo, J.D., A.P.L.C.

ATTORNEY & COUNSELOR AT LAW

NOTARY PUBLIC

A PROFESSIONAL LAW CORPORATION

202
LAKEWAY ONE
3900 NORTH CAUSEWAY
SUITE 1045
METAIRIE, LOUISIANA 70002

PHONE (504) 831-6945
PHONE (504) 831-6946
FAX (504) 831-6946
NIGHT-WEEKEND (504) 455-7102

December 17, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: P000000 53978

Dear Sir/Madam:

This is the first notice received because of the incorrect mailing address.

Sincerely,



Thomas C. Cerullo, J.D., APLC
Registered Agent