

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 OCT 28 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062266

1. Corporation Name

GIACINTI DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

613 GARDENIA DRIVE
VENICE FL 34285

613 GARDENIA DRIVE
VENICE FL 34285

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. B. 1693

Boca Grande FL.

33921

USA

REINSTATEMENT 03



300024199243
10/28/03--01039--007 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/2000

5. FEI Number

65-1020661

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
PS	GIACINTI, JEFF	613 GARDENIA DRIVE	VENICE FL 34285

8. Name and Address of Current Registered Agent

IZZO, JOHN P-
180 N INDIANA AVE STE 5
ENGLEWOOD FL 34223

9. Name and Address of New Registered Agent

Name

KOCH E COMPANY

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

225 W VIRGINIA AVE

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33950

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]
REGISTERED AGENT MUST SIGN

Date

10-23-03

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:

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

10-22-03

Date

941-964-1162

Daytime Phone #