

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 11:03

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000067662**

1. Corporation Name

PENNY JO, INC.

Principal Place of Business

17881 BISCAYNE BLVD.
AVENTURA FL 33160

Mailing Address

17881 BISCAYNE BLVD.
AVENTURA FL 33160

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2000

5. FEI Number

65-1023891

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

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
D	PARENTE, GUIDO	17881 BISCAYNE BLVD.	AVENTURA FL 33160
D	PARENTE, ESTERINA	17881 BISCAYNE BLVD.	AVENTURA FL 33160

500013044895
02/24/03--01094--017 **150.00

500013044895
03/25/03--01068--029 **750.00

8. Name and Address of Current Registered Agent

PARENTE, SALVATORE
11266 PINES BLVD
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name

Parente, Salvatore

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/12/03

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 REQUIRED
ESTERINA PARENTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/03 (954) 382-0222

CR2E040 (9/02)