

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 18 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084354

1. Corporation Name

TALOCCO SERVICES, INC.

Principal Place of Business

4549 NE 4TH AVE.
BOCA RATON FL 33431

Mailing Address

4549 NE 4TH AVE.
BOCA RATON FL 33431

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.

4599 NE 4TH AVE

Suite, Apt. #, etc.

4599 NE 4TH AVE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

Zip

33431

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2000

5. FEI Number

65-1036009

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

TALOCCO, MICHAEL

4599 NE 4TH AVE

BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

TALOCCO, MICHAEL
4549 NE 4TH AVE.
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

MICHAEL TALOCCO

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

4599 NE 4TH AVE

Suite, Apt. #, Etc.

8

City

BOCA RATON

State
FL

Zip Code
33431

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

Michael Talocco SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-7-02

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:

Michael Talocco SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-02 (561) 3383330

CR2040 (8/02)

FLORIDA Dept. of State

11-8-02

To Whom it MAY Concern,

I DID NOT Receive The Two Prior Uniform Business
Report Notices, I noticed ADDresses were wrong,

Please Reinstate My Corporation, THANK you Michael Talocco
(pres)

Michael Talocco (President)